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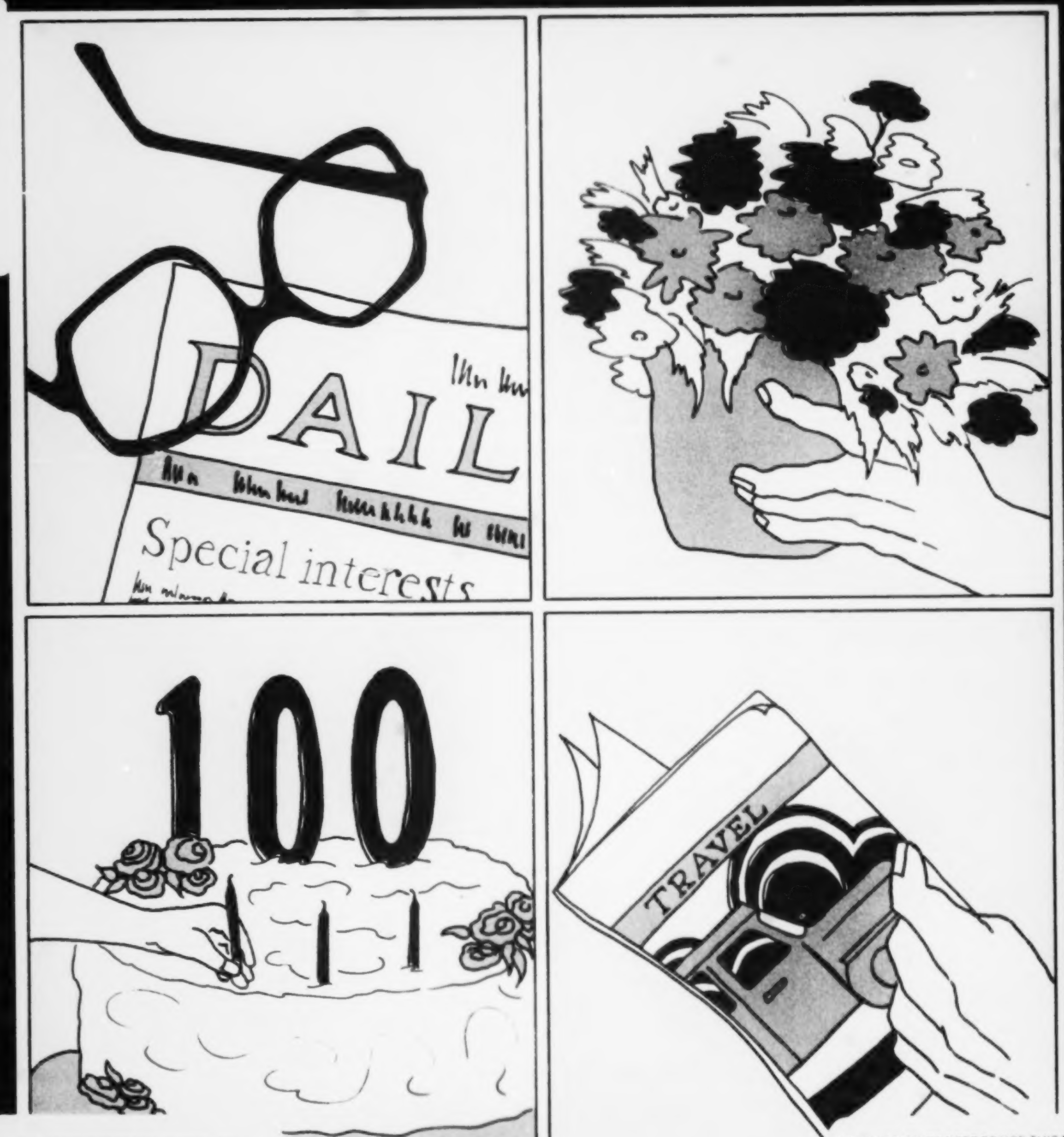
ABSTRACT

This reference book, which is part of an occupational series focusing on a broad range of employment opportunities in the field of elder care services, contains 33 chapters of information on the characteristics, needs, and problems of elderly adults. The following topics are discussed: understanding the elderly in the United States; services and legislation for the elderly; job opportunities in services for the elderly; employee qualifications; physical, emotional, mental, and social needs of the elderly; housing considerations of the elderly; transportation; the elderly in the marketplace; frauds, gyps, and deceptions; clothing needs; nutrition, menus and diets, mealtimes, exercise, hobbies and activities, and educational activities for the elderly; sanitation; safety; preventive health measures and signs of illness; vital health signs; first aid; terminal illness; body mechanics; planning and managing household tasks; energy; bed making; bathing; grooming; dressing assistance and self-help dressing aids; and the special role of caregivers. Included in each chapter are the following: list of essential elements, objectives to achieve, points to remember, words to know, and review. A subject index, 21 references, and a table cross-referencing the book's chapters to the required essential elements and correct codes for documentation as listed in the Texas Administrative Code are also included. (MN)

ED 369 896

Services for the Elderly

Reference Book



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REFERENCE BOOK

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PREFACE

Services for the Elderly is a unique program at the cutting edge of career and technology education. This course offers exposure to a wise generation of people and presents information concerning the special physical, emotional, and social needs of the elderly. Caregivers' responsibilities in medical, recreational, dietary, and housing areas are addressed. Employment qualifications and opportunities and basic statistics about the aging population are also presented during classroom study. With such information and exposure caregiving skills, a sense of self-worth, and valuable interpersonal skills are acquired.

The area of elder care services offers a broad range of job opportunities that relate to assisting and enabling elderly persons to remain comfortably in their own homes; helping elderly persons remain in the best possible health with the maximum possible independence; and providing services to people in their homes to improve or maintain their abilities to prevent institutionalization and reduce or relieve accompanying stress. Employment opportunities exist that require different levels of training and education.

Examples of job opportunities in services for the elderly include: home care assistant, well-elder services assistant or director of a home care agency, geriatric nursing assistant or registered nurse, home-health care aide, elder care activities coordinator or director, registered nurse, social services aide or case manager, and gerontologist or licensed vocational nurse. Entry-level positions offer inexperienced employees opportunities to receive training and to be promoted to higher level positions when experience and skill are gained. Higher level opportunities related to elder care services include administrative positions with Area Agencies on Aging, senior centers, housing facilities, social services, and long-term care facilities. Emerging opportunities in the field of aging include services providing further education, cultural enrichment, and job training.

Instructional Materials

This revised edition of the *Services for the Elderly Reference Book* is complemented by a matching Curriculum Guide that contains helpful information for instructors who are teaching this course. The Curriculum Guide contains teaching strategies, teaching aids, and tests with answers for each chapter in the Reference Book. Also, companion to the Reference Book is the *Services for the Elderly Student Activity Book* which contains a variety of pencil-and-paper activities designed to reinforce the various concepts.

The *Services for the Elderly Reference Book* and *Curriculum Guide* concentrate on the skills and attitudes needed for successful employment in elder care services. Both books are organized into thirty-three chapters that are intended to be used as needed, not in any particular order, and each chapter begins with one or more Essential Elements and Objectives to Achieve. No one reference book or curriculum guide can provide the information needed for a career in a particular field. Therefore, students should be encouraged to study various topics more intensively, to use additional references, and to apply the information in either laboratory or on-the-job training. Hands-on experience is essential to students.

The *Services for the Elderly Reference Book* is part of an occupational education series that focuses on a broad range of employment opportunities. Each title in the series addresses one career cluster. The materials may be used for one or more years of instruction. Curriculum materials for other career clusters are also available from the Home Economics Curriculum Center, Texas Tech University, Box 41161, Lubbock, Texas 79409-1161.

TAC 75.83
SERVICES FOR THE ELDERLY

(n) Services for the elderly (two-three units) shall include the following essential elements:

(1) Concepts related to the aging process. The student shall be provided opportunities to:

(A) describe the aging process;
(B) identify characteristics and care needs of the elderly;
(C) contrast the role of the elderly, their status, and contributions in various cultures; and
(D) identify laws, trends, and issues affecting the elderly.

(2) Concepts and skills related to meeting social and psychological needs. The student shall be provided opportunities to:

(A) explain social needs and psychological needs of the elderly; and
(B) determine appropriate methods to meet the social and psychological needs of the elderly.

(3) Concepts and skills related to meeting physical needs. The student shall be provided opportunities to:

(A) identify the functions and sources of nutrients;
(B) explain the relationship of digestion and metabolism to health;
(C) plan diets to meet special needs;
(D) relate food preparation and service techniques to retention of nutrients;
(E) demonstrate knowledge of physical activities appropriate for the elderly;
(F) describe personal hygiene and grooming needs of the elderly; and
(G) determine strategies for facilitating self-help.

(4) Concepts and skills related to health care. The student shall be provided opportunities to:

(A) explain the causes, symptoms, transmission, and prevention of communicable diseases;
(B) contrast alternatives to home health care; and
(C) provide a safe and healthy environment for the elderly.

(5) Concepts and skills related to sanitation. The student shall be provided opportunities to:

(A) demonstrate housekeeping and maintenance skills associated with the care of the elderly;
(B) demonstrate procedures for handling clothing and linens;
(C) describe procedures for sanitizing items; and
(D) explain personal sanitation measures to prevent the spread of infection.

(6) Concepts and skills related to interaction on the job. The student shall be provided opportunities to:

(A) point out considerations affecting interaction with the elderly's family or responsible parties;
(B) demonstrate communication skills; and
(C) describe crisis management techniques for the elderly and for care providers.

GUIDE TO ESSENTIAL ELEMENTS

Services for the Elderly (TAC 75.83)

Services for the Elderly (two-three units) shall include the following essential elements. This guide is provided for use in identifying the required essential elements, the correct codes for documentation from the Texas Administrative Code (TAC), and the chapter(s) of the curriculum materials which address(es) each element.

Required Essential Elements	Related Chapters
(n1A) Describe the aging process.	1, 33
(n1B) Identify characteristics and care needs of the elderly.	1, 5, 13, 22, 23
(n1C) Contrast the role of the elderly, their status, and contributions in various cultures.	1
(n1D) Identify laws, trends, and issues affecting the elderly.	1, 2
(n2A) Explain social needs and psychological needs of the elderly.	6, 7, 8
(n2B) Determine appropriate methods to meet the social and psychological needs of the elderly.	6, 7, 8, 13, 18
(n3A) Identify the functions and sources of nutrients.	14
(n3B) Explain the relationship of digestion and metabolism to health.	14
(n3C) Plan diets to meet special needs.	15
(n3D) Relate food preparation and service techniques to retention of nutrients.	15
(n3E) Demonstrate knowledge of physical activities appropriate for the elderly.	17
(n3F) Describe personal hygiene and grooming needs of the elderly.	30, 31
(n3G) Determine strategies for facilitating self-help.	10,11,13,16,18,19,32,33
(n4A) Explain the causes, symptoms, transmission, and preventions of communicable diseases.	22
(n4B) Contrast alternatives to home health care.	9
(n4C) Provide a safe the healthy environment for the elderly.	21, 22, 23, 28
(n5A) Demonstrate housekeeping and maintenance skills associated with the care of the elderly.	26, 28, 29
(n5B) Demonstrate procedures for handling clothing and linens.	13, 20
(n5C) Describe procedures for sanitizing items.	20
(n5D) Explain personal sanitation measures to prevent the spread of infection.	20
(n6A) Point out considerations affecting interaction with the elderly's family or responsible parties.	25
(n6B) Demonstrate communication skills.	24, 25, 33
(n6C) Describe crisis management techniques for the elderly and for care providers.	24, 25, 33

Common Essential Elements	Related Chapters
(a2A) Identify employment opportunities and preparation requirements in chosen field.	3
(a3A) Identify opportunities for business ownership.	3
(a2E) Demonstrate productive work habits and attitudes.	4
(a2J) Apply principles of time management and work simplification when performing assigned tasks.	4
(a2K) Identify ethical practices and responsibilities.	4
Supplemental Competency	**Related Chapter**
Analyze fraudulent and deceptive practices.	12

1

Understanding the Elderly in the United States

ESSENTIAL ELEMENTS

☐ Describe the aging process.(n1A)

☐ Identify characteristics and care needs of the elderly.(n1B)

☐ Contrast the role of the elderly, their status, and contributions in various cultures.(n1C)

☐ Identify laws, trends, and issues affecting the elderly.(n1D)

OBJECTIVES TO ACHIEVE

☐ Point out reasons for the increasing need to train people to work with the elderly.

☐ Describe factors affecting the increasing proportion of elderly in the United States.

☐ Summarize the process of aging associated with the elderly.

☐ Determine the definition of "old" from various age groups.

☐ Identify the chronological age categories of the elderly.

☐ Identify the myths and stereotypes associated with the elderly.

☐ Describe realistic views of the elderly.

☐ Contrast the role of the elderly, their status, and contributions in various cultures.

☐ Identify the rights of the elderly.

☐ Outline future trends associated with the elderly.

For the first time in the history of the United States, there are more people over sixty-five than there are teenagers under twenty. Today's elderly are different than in the past as they are healthier and better educated. Many elderly are using their skills and experiences to set new goals and look to the future. In the past, society faced the problem of people having a shortened life span. Today, the fastest growing age group is people over eighty. Statistics show that every day there are approximately 1600 more Americans over sixty-five than there were the day before. With this increasing proportion of elderly in the United States, the need to train people to work with the elderly is also increasing.

CURRENT POPULATION

In 1984, the U.S. Census Bureau reported those age sixty-five years and older as representing 11.7 percent of the total population or about one in every nine Americans. Since 1980 the number of Americans over sixty-five has increased by 1.7 million, or 6 percent, compared to only a 3 percent increase for those under sixty-five. Since the late 1950s, the population of elderly in the United States has been increasing. This can be attributed to the following two factors: a decreasing ***mortality*** (death) rate, and a declining ***fertility*** (birth) rate. As the number of children per woman of childbearing age decreases, the number of people in the younger age category decreases. When the mortality rate decreases, the proportion of elderly people increases. On the average, those who now reach sixty-five can expect to live an additional average of 16.8 years (18.8 years for females and 14.4 years for males).

Process of Aging

The physical changes that occur with aging can be disturbing to many young people. Although aging does bring many physical changes, the elderly still continue to be mentally, socially, and physically active. People age primarily in three ways: biologically, psychologically, and socially. ***Biological aging*** relates to physical factors, chronological age, and changes in physical capabilities such as seeing, hearing, and general physical health. ***Psychological aging*** deals with how well a person is able to adapt to and accept one's environment. ***Social aging*** relates to how one interacts with others and the changes in the roles that a person performs. To gain an understanding of the adjustments of later life, sensitivity toward the elderly, and healthy aging, it is important to be aware of the aging process.

What "Old" Means

With people living longer and the increasing number of elderly persons in the United States, a common question is, "How old is 'old'?" Statistically, most people do not think of themselves as "old." Old is usually considered to be someone fifteen years older than one's self. To a ten-year-old, twenty-five is old; to a seventy-year-old, eighty-five is old. Elderly people are often surprised to hear someone else refer to them as old because they usually know others older than themselves. When categorizing the elderly into age groups, the U.S. Census Bureau considers the ***older population*** to be persons fifty-five and older; the ***elderly population*** to be sixty-five and older; the ***aged population*** to be seventy-five and older; and eighty-five and older the ***oldest old population***. The category of the elderly population has been broken down into three subcategories that include the following: the ***young old***, sixty-five to seventy-four; the ***middle old***, seventy-five to eighty-four; and the ***oldest old***, eighty-five and older.

Terms used to classify age differences among elderly persons vary. For the purpose of this reference book, the term elderly is used to refer to persons sixty-five and older. Caregivers of elderly persons need to remember that just as the ages of the elderly vary, so do their needs for assistance.

Stereotypes and Myths About Aging

Many young people have limited contact with the elderly outside of family members. When contact is limited, one's viewpoint of the elderly is likely to be narrow. For some individuals, the only contact with the elderly may be what is seen on television or what appears in books. These perceptions might be true of some elderly persons, but certainly not for all. Some common ***stereotypes*** (a standardized idea or image of individuals or groups) and ***myths*** (a belief whose truth is accepted without questioning) about aging are discussed below.

Myth: Most Elderly are Institutionalized. Less than 5 percent of the elderly population live in any kind of institutional setting (long-term care facility or hospital confined). Less than 10 percent of the elderly ever spend any time in institutions, and only about 14 percent of the elderly are incapacitated in their own homes.

Myth: Most Elderly are Lonely and Isolated from Family and Friends. Only about 2 percent of the elderly population are socially isolated to any serious degree.

Myth: Alone and Lonely are Synonymous When Applied to the Elderly. The loneliness most elderly people feel is the loneliness for a spouse, their old jobs, and their deceased friends. This does not mean the elderly are lonely for social contact, but rather they feel deeply about the losses in their lives.

Myth: Sexual Interest Disappears with Age. Sexual interest will diminish, but in the majority of cases does not cease with the advance of age.

Myth: Extreme Physical and Mental Deterioration are Inevitable with Age. Some deterioration (a gradual decline or weakening) is inevitable, but it does not need to be extreme. From the age of twenty-five on, most people lose about one-hundred thousand brain cells a day. This process is slowed by continued mental and physical activity. With continued good mental health and absence of disease, aging deterioration often is not obvious until very late in life. No diseases attack only the elderly.

Myth: The Elderly All Become Rigid and Dependent. This is not true. In fact, the elderly are often more innovative and open than younger people. One reason for this is that elderly people can draw from vast resources of experience.

Myth: All Elderly People Want is Serenity and Tranquility. The "rocking chair syndrome" is generally not true. Elderly persons will often portray this concept to younger people because they feel this is what is expected of them. When younger people perceive the elderly as "old and worn-out," elderly people relate to them that way. Labels should be avoided.

Myth: Retirement Brings About an Early Death. The facts provided by national statistics and various insurance companies do not bear out this myth.

Myth: Services for the Elderly are Always Beneficial and Altruistic in Nature. Unfortunately, social policy often provides negative rewards that work against rather than for the elderly. For example, long-term care facilities get more money when an elderly person is sick than when he or she is well. Consequently, the root causes of illness are often overlooked and attributed to ***senility,*** decline of the mental facilities.

Myths and Realities on Aging

Misconceptions about the problems of elderly persons persist for young and old alike. The National Council on Aging surveyed over three thousand Americans of all ages and stated that there was a clear gap between the myths of old age and the reality of old age. People of all ages perceive problems affecting the elderly to be much more serious than in actuality. Refer to figure 1.1 for myths and realities of aging.

Perspectives on Myths of Aging

Robert N. Butler, in his Pulitzer Prize winning book, *Why Survive? Being Old in America*, sketches a picture of the stereotypical view of the elderly in America:

> An older person thinks and moves slowly. He does not think as he used to or as creatively. He is bound to himself and to his past and can no longer change or grow. He can learn neither well nor swiftly and, even if he could, he would not wish to. Tied to his personal traditions and growing conservatism, he dislikes innovations and is not disposed to new ideas. Not only can he not move forward, he often moves backward. He enters a second childhood, caught up in increasing egocentricity and demanding more from his environment than he is willing to give to it. Sometimes he becomes an intensification of himself, a caricature of a lifelong personality. He becomes irritable and cantankerous, yet shallow and enfeebled. He lives in his past; he is behind the times. He is aimless and wandering of mind, reminiscing and garrulous. Indeed, he is a study in decline, the picture of mental and physical failure. He has lost and cannot replace friends, spouse, job, status, power, influence, income. He is often stricken by diseases which, in turn, restrict his movement, his enjoyment of food, the pleasures of well-being. He has lost his desire and capacity for sex. His body shrinks, and so too does the flow of blood to his brain. His mind does not utilize oxygen and sugar at the same rate as formerly. Feeble, uninteresting, he awaits his death, a burden to society, to his family and to himself.

Butler then goes on to point out that in all stereotypes and myths, there are bits of truth. However, he feels that many of the views on aging currently held represent misunderstandings, confusion, and lack of knowledge as well as outright hostility and prejudice.

His book looks at these myths in the light of recent gains in the knowledge of the "facts" of aging. He then draws a picture of a more accurate image of aging. It is as follows:

> Older people are as diverse as people in other periods of life, and their patterns of aging vary according to the range they show from health to sickness, from maturity to immaturity, activity to apathy, useful constructive participation to disinterest, from the prevailing stereotype of aging to rich forms of creativity.
>
> Ninety-five percent of older people live in the community and are not institutionalized or in protective settings. Physical illnesses are frequent and often chronic and limiting. This period of life is characterized by complex changes that are multiple, occur rapidly and have profound effects. Some people are overwhelmed. Others can come to accept or substitute for the loss of loved ones, prestige, social status and adverse physiological changes.
>
> 'Old age' and 'brain damage' alone do not account for the changes seen or the modes of adaptation of older people. Diseases, life experience, socioeconomic and other forces along with the subjective experience of growing old and approaching death, all interweave to contribute to the picture of old age.
>
> Those old people who are optimistic and resourceful may at the same time be painfully aware of the brevity of life and its tragedies. Optimism is tempered by a more balanced view of the joys and sadnesses of life. The old continue to learn and change in response to their experiences and to human relationships. They are not often overwhelmed by new ideas for they recognize how few of them there are. Many are employable, productive and creative. Many elders wish to leave their mark through sponsoring the young as well as through ideas and institutions.

Butler feels that the most important thing one needs to recognize is that the elderly are not a ***homogenous*** group, similar or identical in

Myths and Realities of Aging

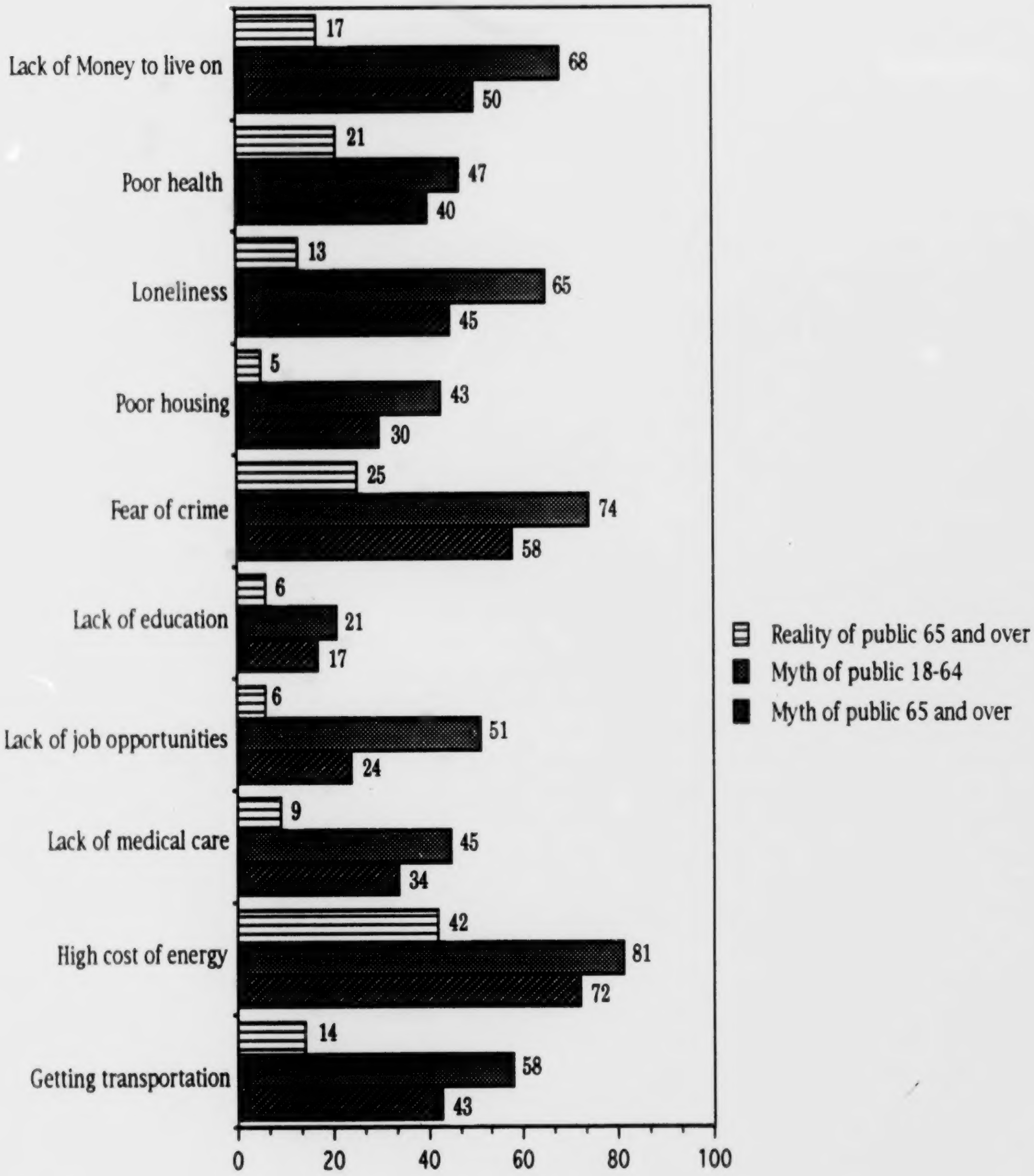

Figure 1.1

Adapted from "Aging America-Trends and Projections," 1984. Special Committee on Aging, Washington, D.C. 20510 structure. Human personality is unique, and in later life, when personality reaches its fullest development, these differences are seen more clearly. Butler feels that when one recognizes this basic diversity of aging, one can look at special characteristics as tendencies. This perspective allows one to recognize that these later-life characteristics occur frequently enough to be useful in understanding aging, but are not inevitable and should not be used to place the elderly in prescribed roles.

Caregivers of elderly persons who understand this perspective on the characteristics of aging will be better prepared to recognize the uniqueness and particular set of needs of each elderly person. This understanding will allow caregivers to see the elderly person, not as elderly first and a person second, but as a person with experiences who also happens to be elderly.

ROLE OF THE ELDERLY IN VARIOUS CULTURES

When working in services for the elderly, the caregiver should be aware of the influences various cultures have upon the elderly. Every person has an ethnic background. Ethnic identity can be thought of as being of an historical nature. Individuals are born into an ethnic group.

The caregiver should be aware that aging is a difficult time for many people and can be especially hard for members of racial and ethnic ***minority groups*** (a group differing from the majority of the population). Compared to the majority of Americans, these individuals are likely to have less education and money, less adequate housing, poorer health, and fewer years of life. Many minority groups bear the added burden of racial prejudice, language barriers, suspicion of bureaucratic processes, and difficulty obtaining needed health and other services. In addition, minority group members who have suffered racial discrimination all their lives may seem to be in double jeopardy because of being discriminated against for being elderly. Elderly persons practicing religious faith may also feel discriminated against.

The following factors will aid the caregiver in better understanding the elderly:

- Each person or group of persons in the United States has a special history in relation to the American social system. Different circumstances brought each person, group, or ancestors to the United States. Some came or had ancestors that came as slaves, as cheap labor to be exploited, as political refugees, or as religious freedom seekers. Ancestors of others were already here. They all have their minority status and therefore subordination to the dominant ethnic population.
- Each group had differences in language, appearance, and customs. They were in different work roles from the majority and as a result, stereotypes about each group were formed.
- Each group belongs to a subculture that involves its own unique priorities and language differences. Away from their own heritage and isolated from the dominant social institutions, people have been led to develop their own coping mechanisms such as church, strong family ties, or a benevolent society or club.
- The experience of the young generation of minority groups is different from that of the elderly and this creates a generation gap within the group in understanding the experiences of each other. The elderly are often isolated even within their own minority groups. Caregivers should realize that each individual is unique regardless of ethnic background and strive to gain the trust and confidence of the elderly person in their care.

The elderly bring wisdom and experience to all cultures; however, contributions made by the elderly to society vary in different cultures. In some cultures the elderly have a very high status. In cultures that practice ancestral worship, the elderly can become very powerful and are the matriarchs or patriarchs that form the councils of ruling elders. They are considered to have great wisdom and people come to them for advice.

In some cultures, and even in the United States on the few remaining family farms, the elderly play important economic roles by working or contributing in other ways. People in their eighties tend livestock, garden, prepare food, cook, sew, and help support the family. Even elderly persons confined to wheelchairs or rocking chairs contribute by taking over the time-consuming tasks of sewing, mending, quilting, shelling peas, and husking corn.

In the United States, where the elderly are expected to retire, many elderly persons obtain a great deal of personal satisfaction and a sense of identity from doing volunteer work and belonging to charitable and formal social organizations, such as business clubs, trades, and other occupation-related organizations. Many of the elderly attach more importance to religion and take on leadership roles in the church. Other elderly persons participate in politically oriented organizations, which are becoming a powerful voice for the rights of the American aged.

Having insight into the roles of the elderly, their status, and their contributions to society will aid the caregiver in understanding the elderly person in his or her care. Through understanding, the caregiver will be better prepared to provide companionship to the elderly person by conversing about specific interests.

RIGHTS OF THE ELDERLY

The National Conference on Aging in 1961 established several rights for the aging population. These rights are privileges to which the elderly are justly entitled. Although these rights were established over thirty years ago, they still apply today. These rights include the following:

- The right to be useful
- The right to obtain employment based on merit
- The right to freedom from want in old age
- The right to a fair share of the community's recreational, educational, and medical resources
- The right to obtain decent housing suited to needs of later years
- The right to the moral and financial support of one's family so far as it is consistent with the best interest of the family
- The right to live independently, as one chooses
- The right to live and die with dignity
- The right of access to all knowledge on how to improve the later years of life

FUTURE TRENDS

The elderly population has been increasing at a more rapid rate than the rest of the population for most of this century. It is expected to continue growing in the future. According to the U.S. Bureau of the Census, the total population is expected to grow at the most rapid rate. The figure 1.2 shows the rate at which the elderly population is expected to increase.

The most rapid increase is expected between the years 2010 and 2030 when the "baby boom" generation, born in 1945-1965, will reach sixty-five. By the year 2030, there are expected to be two and one half times more elderly than there were in 1980.

The increased ***longevity*** or life span of the American population has also altered the structure of families; four generation families are becoming more common. Presently about half of all persons aged sixty-five and older have great grandchildren, and about 10 percent of all elderly have a child who is also elderly.

In 1900, there were only twenty-one persons aged eighty and over for every one hundred persons aged sixty to sixty-four. By 1980, the number had grown to fifty-three per one hundred and by the year 2000 the number is expected to reach seventy-eight per one hundred. Figure 1.3 illustrates actual and projected numbers for the elderly population from 1950-2050.

Aging America

Actual and projected U.S. population of persons age 85 and over

1950-2030

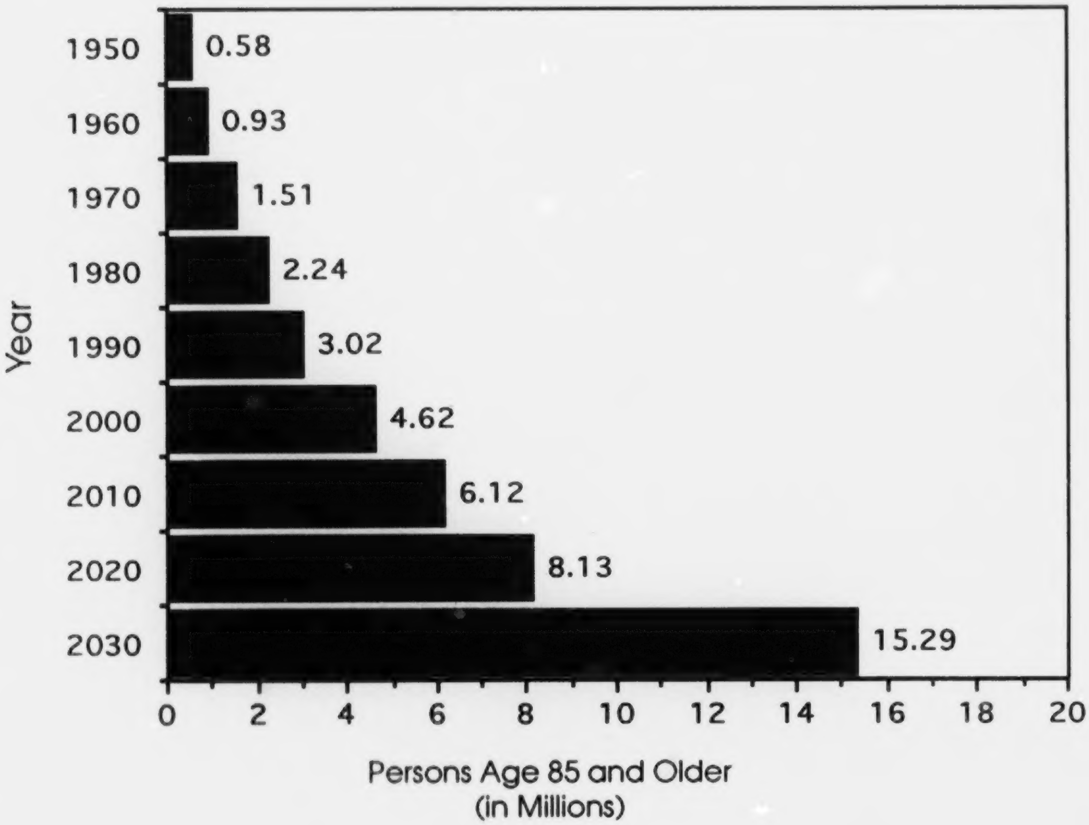

Figure 1.2

Source: U.S. Department of Commerce—Bureau of the Census; Elderly Population of the United States by Age, Race, and Sex: 1830-2050, Washington, D.C. Revised June 29, 1992.

Population of the Elderly - Projections

Actual and Projected Population
65 Years and Older by Age
1950-2050

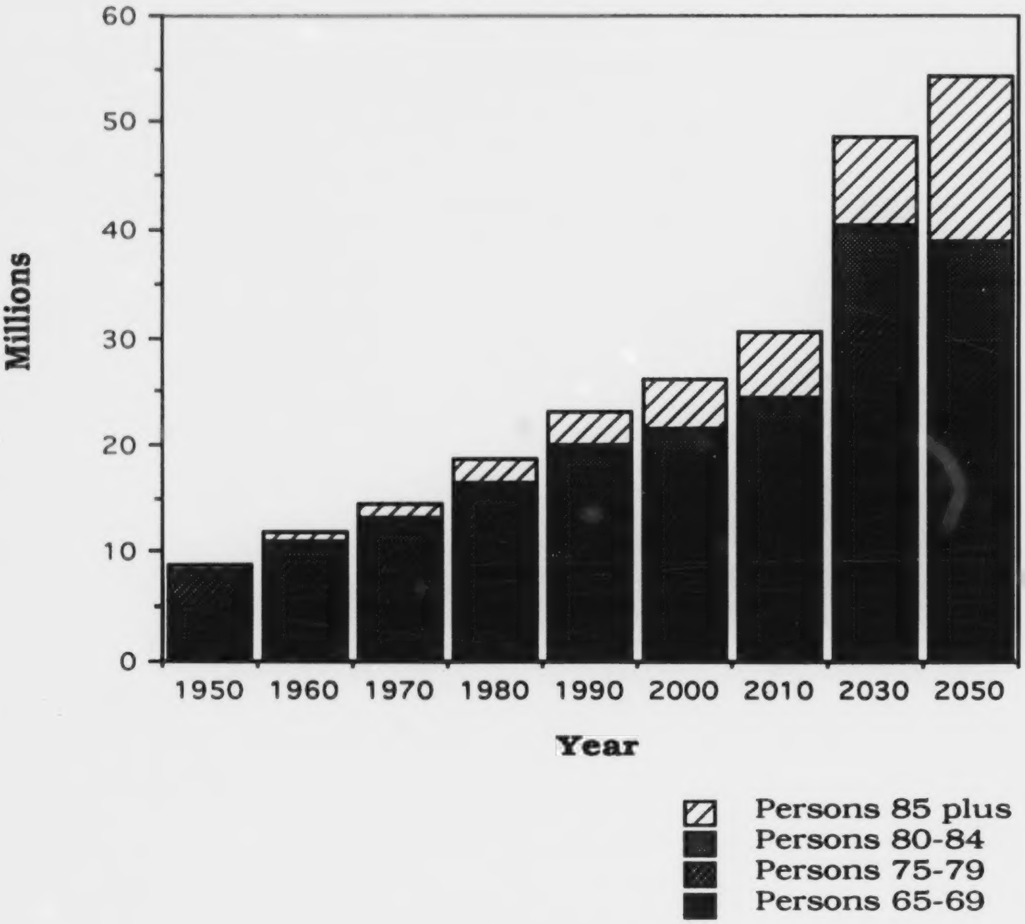

Figure 1.3

Source: U.S. Department of Commerce—Bureau of the Census; Elderly Population of the United States by Age, Race, and Sex: 1830-2050, Washington, D.C. Revised June 29, 1992.

Points to Remember

☐ Today's elderly are healthier and better educated than in past generations.

☐ The fastest growing age group is that of people over eighty.

☐ Today the elderly population represents one in every nine Americans.

☐ The proportion of elderly people in the United States can be attributed to a decreasing mortality rate and a declining fertility rate.

☐ On the average, those that reach the age of sixty-five can expect to live an additional 16.8 years.

☐ People age in primarily three ways: biologically, psychologically, and socially.

☐ Statistically, most elderly people do not think of themselves as "old."

☐ Limited contact with the elderly is likely to foster a narrow view toward them.

☐ Less than 5 percent of the elderly actually live in institutions.

☐ The caregiver should be aware of the influences various cultures have upon the elderly.

☐ Any elderly person regardless of race, color, or creed is entitled to certain rights established during the 1961 National Conference on Aging.

☐ The elderly population is expected to continue growing with a rapid growth increase expected between the years 2010 and 2030.

☐ Four generation families are becoming more common due to the increased longevity or life span of the American population.

Words to Know

aged population
biological aging
elderly population
fertility
homogenous
longevity
middle old
minority groups
mortality
myths
older population
oldest old population
oldest old
psychological aging
senility
social aging
stereotypes
young old

Review

1. How do today's elderly differ from those a generation ago?
2. Which age group is increasing the most rapidly in the United States?
3. What two factors account for the rising number of elderly in the United States?
4. On the average, how many additional years can a person reaching the age of sixty-five expect to live?
5. Name and describe the three main ways in which people age.
6. Define the term "old."
7. List and discuss six common stereotypes about aging.
9. What percent of the elderly actually live in long-term care facilities?
10. According to the Myth versus Reality of Aging information, what is the most serious problem affecting the elderly?
11. List the rights of the elderly.
12. What influences have the various cultures had on the elderly?

2

Services and Legislation for the Elderly

ESSENTIAL ELEMENT

- ☐ Identify laws, trends, and issues affecting the elderly.(n1D)

OBJECTIVES TO ACHIEVE

- ☐ Describe the role of the caregiver as a member of the helping team.
- ☐ Describe the results of the national conferences on aging.
- ☐ Explain social security and its impact/effect on the elderly.
- ☐ Describe the types of services available for the elderly.
- ☐ Point out how to gain information on services available to senior citizens.
- ☐ Identify services for the elderly provided by community volunteers.
- ☐ Define intergenerational care.
- ☐ Describe legislation that affects the elderly.
- ☐ Cite organizations that keep the elderly informed of new legislation.
- ☐ List organizations concerned with quality adult care.

One basic goal of a caregiver is to enable the needs of the elderly to be met—whether it is through the efforts of the caregiver or through the use of resources. The role of caregiver for the elderly does not include making decisions for elderly persons, but rather assisting them in obtaining information they need to make a decision. If the elderly person is genuinely unable to make a decision that must be made, such as whether or not to have plumbing repaired, the role of the caregiver is to contact the responsible family member, friend, or agency personnel to make a decision. When the caregiver has a knowledge of the community, state, and federal services available, the caregiver is better equipped to meet the needs of the elderly.

THE ELDER CAREGIVER: MEMBER OF THE HELPING TEAM

Individuals employed in services for the elderly are members of the team of helping professionals that act as a supplement to (or stand-in for) the family of the elderly American. The caregiver of an elderly person serves as a symbol of the concern of the community for its elderly citizens. The underlying goals of individuals working in services for the elderly are to support maximum independence on the part of the elderly person and to enable the elderly person's needs to be met.

Sometimes the elderly person will have needs that must be met by the services of different professionals and agencies. To avoid confusion and to insure adequate communication between and among the other professionals and agencies, the caregiver for the elderly may need to help coordinate the efforts of the various human services required. These human services include, but are not limited to, physical and mental health needs, social and recreational needs, nutritional needs, economic and legal needs, and homemaking and personal care needs.

One of the responsibilities underlying all other duties and responsibilities of the caregiver is that of being an enabler. An ***enabler*** is one who makes it possible for things to get done and needs to be met. Enablers do not necessarily do everything or meet all needs by themselves. The role of the enabler includes the following:

- assessment of the situation
- identification of existing strengths and ways to build on them
- identification of other resources to meet the needs of the elderly
- starting the process of putting available strengths to work to meet the needs of the elderly

In some situations there will be so many needs that one person cannot meet them all no matter how talented and versatile. In some situations, the caregiver will be employed only on a part-time basis and so will not have the time to meet all the needs of the elderly person. In other instances, the caregiver may lack a particular talent or skill that is needed for that elderly person, such as the inability to drive a car, the inability to read or write, or visual disabilities. A caregiver who can function effectively in the role of enabler can usually arrange for someone else or an agency to meet the needs of the elderly person.

The knowledge of the common problems of aging, sensitivity to individual differences, and the ability to observe and interview will help the caregiver assess the elderly person's needs. Knowledge of informal as well as formal community resources, agency resources, and respect for the talents, wisdom, and strengths of the elderly person will assist the caregiver in identifying ways of meeting needs. The ability to utilize human relation skills and function as part of a team of helping professionals will make it easier for the caregiver to start the process of matching resources to needs.

Individuals employed in services for the elderly should be aware of the variety of services available to help meet the needs and interests of the elderly. These services may be state or federally funded or provided by a community. Some programs are designed specifically for the elderly, while others include all age groups. Services receiving federal funding, which are more widely known, are offered in most states. Services receiving state or local funding vary greatly in variety and availability from state to state.

Since the 1960s, the U.S. government has greatly expanded its services for the elderly. Part of this greater responsiveness is due to the increased elderly population. Also, the needs and rights of the elderly have been brought to the attention of legislative officials by groups such as the American Association of Retired Persons (AARP) and the Gray Panthers. These organizations are discussed in more detail later in the chapter.

Through public policies, national goals are established that are then implemented through a variety of programs. Clear policies for the effective development and delivery of services become essential. Through the development of these services, jobs are created for working with the elderly. As a result, legislation pertaining to the elderly not only affects the elderly but those who care for the elderly.

THE DEVELOPMENT OF LEGISLATION FOR THE ELDERLY

There have been four national conferences designed to focus attention on the elderly and to define issues relative to aging over the past thirty years. In 1950, the first national conference was held. This informal meeting resulted in the development of a Special Staff on Aging and six objectives. The following six objectives were created:

- Provide a forum for persons concerned with aging.
- Reevaluate the potentials of the elderly.
- Stimulate the exchange of ideas among people with a view to solving problems of aging
- Define the nature and extent of the problems.
- Promote research in the phases of aging.
- Transmit findings to groups as guidelines for the development of policies with regard to the elderly.

Later, the Federal Council on Aging was developed to make recommendations concerning the needs of the elderly. Through this council, the growing need for direction and increased activity in the field of aging was made known.

In 1961, a second national conference on aging (called the First White House Conference on Aging) was held. Each state was requested to give an analysis of the needs and circumstances of its elderly. This led to an increased awareness of state and local programs as well as a public focus on the elderly and their problems. As a result of this the Department of Health, Education and Welfare was created which is now known as the ***Department of Health and Human Services***. This agency was set up to help the elderly through grants given to states for community services, training, and research. The following amendments were also passed to help meet the needs of the elderly.

Older Americans Act of 1965. The Older Americans Act of 1965, as amended, established the Administration on Aging and initiated federal grant programs to states which would help elderly citizens remain active and independent. This is still considered to be one of the most important contributions of aging legislation.

Social Security Act of 1967. The Social Security Act of 1967 provided for Medicare and Medicaid.

In 1971, a third national conference on aging (called the Second White House Conference on Aging) was successful in prompting national response to the concerns of the elderly. The major achievements of this conference were the establishment of the National Institute on Aging, and with the enactment of the Age Discrimination in Employment Act, the raising of the mandatory retirement age from sixty-five to seventy.

A fourth conference on aging (called the Third White House Conference on Aging) took place in 1981 and stressed the importance of social policy planning for the growing numbers of elderly in the United States. The major recommendations promoted indirect services for the elderly which led to the creation and provision of jobs for those in services to the elderly. The President of the United States is the only person that is able to call a White House Conference on Aging. Ever since the Third White House Conference on Aging took place, various aging interest groups have been preparing in anticipation of a Fourth White House Conference on Aging; however, presidential authorization has not yet been granted.

SOCIAL SECURITY AND ITS IMPACT / AFFECT ON THE ELDERLY

Sixty percent of all social security benefits are received by persons sixty-five years and older. Remaining benefits are received by disabled persons, dependents of persons receiving social security, or widows/widowers of a benefits recipient who has died.

Since the 1930s, social security has prevented many of the elderly and disabled from a life of extreme poverty. Although social security was never meant to be the sole source of retirement income, it is estimated that social security is the only source of income for fifty percent of today's elderly. It is not very difficult to imagine the financial insecurities that this half of the elderly population must face. Simply consider that the average retiree's monthly social security check was $566.00 and maximum benefits for a retired couple was $966.00 in 1990.

The accumulated amount of social security benefits that each individual receives will vary. Some persons who paid into the system all their working lives may never collect benefits due to early death. Then again, other persons might collect benefits that far outweigh the amount they contributed into the system. These variables supposedly balance out.

The continued increase in elderly population combined with rising life expectancies and higher medical costs tipped the balance of the social security system between 1975 and 1983 when the system ran a deficit. Political pressures to cut back social security benefits in order to reduce the national deficit have caused great concern among the elderly and their advocacy groups. Some changes have been made in the social security system with the intention of nursing it back into financial health. However, in reality, individuals are now receiving far less in social security benefits than they have actually paid into it during their years of employment.

Many elderly persons have had to endure modifications or delays in social security payments due to a variety of circumstances, such as from a simple change of address (causing benefit delays) to a change in marital status (causing benefit modifications). The delay of one monthly check can prove to be devastating to elderly persons who depend entirely on social security benefits as their single source of financial support. Even a slight decrease in benefits can be a disheartening experience for an elderly person already struggling within a limited budget.

Despite current criticisms of the social security system and the revisions it has undergone, social security still continues to provide 80 percent or more of the income for three out of ten elderly people in the United States. Half of all elderly persons today would be living in poverty without regular social security benefits.

COMMUNITY, STATE, AND FEDERAL SERVICES

In 1981, the Texas Legislature formed the ***Texas Department on Aging*** to provide a state agency to serve elderly citizens of the state. This department was created to help elderly Americans live as actively and independently as possible in the state of Texas. To help fulfill this goal the department created the ***Aging Network,*** which is made up of twenty-eight area agencies helping provide services to the elderly of the state. Each area agency is responsible for assessing the needs of the elderly population and developing written plans to meet the needs within their region of service. The Department on Aging and the Aging Network work closely with other state and local organizations to create needed services where none exist. The variety of community, state, and federal services available for the elderly include, but are not limited, to the following.

Nutritional Services. Meals are served at senior centers and nutrition sites or delivered to home-bound elderly.

Transportation. Rides are provided to nutrition sites and senior centers, medical appointments, shopping, and recreational activities.

Health Screening. Physical monitoring services, such as dental, blood pressure, diabetes, podiatry, sight, and hearing checkups, are provided in addition to information on prescription drug use.

Recreation. Opportunities are offered to seniors to enjoy the companionship of others and prevent social isolation.

Information and Referral. Assistance is given in obtaining information regarding the state or local services available.

Homemaker Services. Assistance is provided to home-bound elderly and includes chore assistance, housekeeping, and personal care, as well as visitation and telephone reassurance.

Ombudsman Services. Investigations of complaints are carried out by or on behalf of long-term care facility residents and regular social contacts through a Friendly Visitor Service.

Options for Independent Living. A case manager, after conducting an individual assessment of each elderly person, develops a plan of care in conjunction with the participant and family. The case manager coordinates available public and private resources and then monitors and follows up. This allows for "one-stop " access to services.

Retired Senior Volunteer Program (*RSVP*). Provides opportunities for civic-minded retired persons to contribute to their community by volunteering their time and life experiences.

Senior Texans Employment Program (*STEP*). Work and training are made available to low income elderly in community service projects.

Other Services. These services include legal assistance and benefits counseling, local discount programs, residential repair, physical fitness, and outreach.

Any citizen who is at least sixty years of age is eligible for services provided by the Texas Department on Aging. Priority is given to those individuals considered to be in greatest economic need, but no income test is required for obtaining services. Although all of the services are free, individuals may make contributions to defray program costs.

Senior Employment Programs. Examples of these programs include Senior Texans Employment Program (STEP), State Employment Agency, Foster Grandparents Program, and Employment Commissions.

Organizations. Examples of these organizations include Retired Senior Volunteer Program (RSVP), Service Corps of Retired Executives (*SCORE*), National Retired Teachers Association (NRTA), Golden Services Club, Mature Outlook Club, and American Association of Retired Persons (AARP).

Senior Citizen Discounts

There is a growing trend for theaters, parks, bus companies, universities, and stores to offer special senior citizen discounts on goods or services. Senior citizen discounts usually allow 10 percent to 15 percent off of the regular price. These small savings can amount to many dollars over a period of time, especially when persons depending on city bus transportation receive a discount each time they ride a bus.

Some stores require that a yearly membership card be purchased to receive the senior citizen discounts. This type of membership often has savings benefits up to 30 percent off the regular price of goods and services. So even if the elderly person must first buy a membership card, the savings soon pay for the card and more. Senior citizen discounts are often offered on the following: hotels and motels, rental cars, airlines, motorcoach travel, vacations, campgrounds, parks, restaurants, movie theaters, prescription drugs, eye glasses, and contact lenses.

Information on Services or Benefits

The Texas Department on Aging maintains an Information and Referral office that provides accurate information on the availability of resources, follow-up services, and assistance to area agencies on aging. For general referral, many social service agencies within individual communities serve as a referral service to other agencies within a community. Places in the community to contact for general referral include the United Way as well as City, County, or State Welfare and Health Departments.

The Elderly and Community Volunteers

To help prevent shut-in people from feeling too lonely, some communities set up a ***Friendly Visitor Service***. This means that volunteers agree to come to the house and sit and talk with a shut-in person each week. It is a way of bringing the outside world in to people. Both the volunteer and the confined person receive pleasure from such visits.

Another volunteer service commonly available to the elderly is ***Telephone Reassurance***. This service provides volunteers to telephone elderly people who have no relatives living nearby. Each volunteer telephones a list of elderly people each day to see if they are all right. If no one answers the telephone, it is reported to a central office where someone looks into the matter. These calls help the elderly feel that they are not forgotten.

Intergenerational Care

With the increasing need for caregivers of both young and elderly age groups, one growing concept is intergenerational caregiving. ***Intergenerational care*** is any elderly care or child care program that incorporates activities to increase cooperation, interaction, and exchange between two generations.

The greatest benefit of a successful intergenerational program is the bonding that frequently occurs between the two different age groups. These mutually rewarding relationships can result in very valuable, life-changing experiences. Children can benefit from the patient nurturing of elderly persons. The younger age group can also gain insight from the shared wisdom, knowledge, and skills of elderly persons. Elderly participants have been known to develop an increased sense of self-esteem, self-worth, and competence.

There are six types of intergenerational programs that serve as models. These six programs can be found in most areas of human services.

Child Care Centers Staffed by Elderly Workers and Volunteers. These child care centers offer services to infants and preschoolers, provide child care alternatives for working parents, unite young children with the elderly in order to encourage and promote intergenerational contact, and provide supplemental income opportunities for elderly workers.

Child Care Centers in Long-Term Care Facilities. These centers combine a variety of resources in facilities for young and elderly. In many cases, an "on site" child care center is provided as a service to the employees of a long-term care facility; in others cases, the on site facility is open to the community. The intergenerational interaction between elderly residents and young children is usually planned although spontaneous interaction has proven successful as well.

Adult Care and Child Care Offered in the Same Facility. Adult care programs and child care programs are housed in the same facility, and both age groups participate in numerous joint activities. Each has its own staff and space so that the special needs of each population can be met.

Trained Elderly Workers as Family Day Home Caregivers. Using job training partnership funding (JTPA) and Title V workers, some community colleges are training elderly workers as family home caregivers. The elder workers are then certified to provide child care in their homes, offering them new sources of income and the opportunity to develop new roles and relationships.

Visitation. Opportunities for interaction through intergenerational activities occur when elders visit child care centers or preschoolers visit senior centers, adult care centers, or long-term care facilities.

Volunteer Services. Provides opportunities for interaction through regular volunteer commitments by youth and elders.

HIGHLIGHTS OF CURRENT LEGISLATION

The following list provides information about legislative actions affecting the elderly population.

The Older Americans Act Amendments of 1984...

- reauthorizes Older Americans Act programs for three years.
- places new stress on targeting programs to "older individuals with the greatest economic or social needs," with particular consideration given to low income minorities.
- makes supportive services to victims of Alzheimer's disease and their families one of the priority services under Title III. Also adds a special emphasis to the Title IV training grants program to give special consideration to the training staff to work with Alzheimer's patients and their families.
- requires that the ***ombudsman*** in each state, who has responsibility for investigating complaints in nursing homes and other facilities for the aged, be a full-time worker and makes other changes in the state ombudsman programs.
- directs Area Agencies on Aging to place specific emphasis on community-based, long-term care services to help elderly persons remain in their own homes.

The Older Americans Act Amendments of 1987 and 1992...

- strengthened ombudsman program, elder abuse prevention, legal assistance, and outreach and public benefit and insurance counseling services.
- improved support and assistance for the frail, indigent, and minority elderly. Authorized a program to assist caregivers of the frail elderly.
- authorized new research programs such as programs to provide intergenerational service and pension counseling.

- authorized two studies concerning the quality of care and services for the elderly in home care and facility care.
- authorized meals for the elderly in public schools to promote intergenerational activity with at-risk youth.
- elevated the status of the Commissioner on Aging.

Deficit Reduction Act of 1984...

- increased the amount of assets an elderly or disabled person can have and be eligible for Supplemental Security Income (*SSI*) benefits.
- liberalized other SSI eligibility requirements and some benefit amounts.
- raised the Medicare Part B monthly premium beginning in 1987.

Domestic Volunteer Service Amendments of 1984...

- extends through fiscal year 1986 authorizations for the Action agency's domestic volunteer service programs, including the Retired Senior Volunteer Program, the Foster Grandparent Programs, the Senior Companion Program, and Volunteers in Service to America (***VISTA***).
- requires that 20 percent of all VISTA volunteers be fifty-five or older.
- expands the authority to use senior companions to assist the frail elderly to remain in their homes and the institutionalized elderly to return to home-care settings; provides for recruitment of volunteer professionals such as doctors, nurses, and social workers to train senior companion volunteers to provide in-home services to the elderly, including needs assessment.

Environmental Programs Assistance Act of 1984...

- in the Senior Environmental Employment Program, about two thousand elderly workers and volunteers have assisted the EPA over the past five years in a variety of jobs, such as conducting surveys of pesticide use in homes, monitoring schools for asbestos, and working with communities on solid and toxic waste problems.

Retirement Equity Act of 1984...

- makes private pension plans more equitable for women by requiring plans to include certain provisions, such as increased opportunity for widows to receive survivor benefits and elimination of penalties against women who must leave the work force at intervals to meet family responsibilities.
- liberalizes private pension plan eligibility and vesting requirements for workers of both sexes.

LEGISLATIVE BILLS AFFECTING THE ELDERLY

In 1985, the Texas Department on Aging summarized Acts regarding the elderly passed by the sixty-ninth Legislature. The bills that more directly affected the elderly relate to the following:

- the Texas Department of Health investigation of employees in elder care institutions
- the creation of the Texas Public School Retired Employee's Insurance Program
- financial and billing procedures of hospitals
- the requirements and standards for and location of family homes for disabled persons
- the licensing and regulation of home health agencies and the handling of complaints
- group health insurance policies to continue providing coverage to family members after the retirement or death of a member of the group
- the regulation of long-term care facility administrators and their notice of change

ORGANIZATIONS CONCERNED WITH LEGISLATION FOR THE ELDERLY

Various ***advocacy groups*** (groups that provide political support) on aging are becoming increasingly more influential and beginning to have a noticeable impact on the formation of the nation's policies. The following groups are more widely known for their effectiveness in informing legislators of needs of the elderly.

American Association of Retired Persons (AARP). ***The American Association of Retired Persons*** informs members about legislative issues of special concern to elderly persons that are being considered by congress and state legislators and works to educate legislators about the need for improved pension coverages, a national health insurance program, and elimination of mandatory retirement, and tax reform.

Gray Panthers. The *Gray Panthers* is a politically active group that keeps abreast of legislation and programs for the elderly and alerts elderly Americans about pending legislation that might affect them.

Silver Haired Legislature. The *Silver Haired Legislature* is a body composed of delegates elected by elderly persons whose purpose is to identify legislative priorities desired by the elderly and lobby for the implementation of the desired priorities at the local or state level.

As caregivers work directly with the elderly, they become aware of special needs that arise for that age group. Through the growing cooperation between individuals working in services for the elderly, policy makers, and state and federal agencies, complete care for the elderly is becoming more of a reality.

ORGANIZATIONS CONCERNED WITH QUALITY ADULT CARE SERVICES

Many of the organizations and agencies now in operation can provide information about specific issues related to the needs of today's elderly. Services and information provided by these organizations and agencies can help to enhance the quality of life and well-being of the elderly as well as help the elderly person to better cope with limitations associated with the aging process. The ability to receive current information and support about specific areas of concern can promote feelings of independence and self-sufficiency for the elderly person. Information is sometimes all that is needed by elderly persons to resolve their own difficulties.

Organizations that provide information and service assistance to the elderly are either private or public—many with local chapters. Examples of issues addressed by these organizations include concerns relating to housing, health care, health promotion, transportation, and employment. These organizations and agencies can prove to be a major source of support to elderly persons and their caregivers.

Examples of frequently utilized organizations of benefit to the elderly include the following:

General resources:

- Administration on Aging
- American Association of Retired Persons (AARP)
- American Red Cross
- American Society on Aging
- Elderhostel
- Health Insurance Association of America
- National Association of State Units on Aging
- Individual State Agencies such as the Texas Department on Aging
- National Consumers League

- National Council of Senior Citizens
- National Council on the Aging
- YMCA's and YWCA's

Health related organizations:
- Alzheimer's Association
- American Association For Geriatric Psychiatry
- American Foundation For the Blind
- American Occupational Therapy Association
- American Physical Therapy Association
- Arthritis Foundation
- American Speech-Language-Hearing Association
- National Stroke Association
- Self-Help for Hard of Hearing People

In-home support:
- National Association for Home Care
- National Association of Meal Programs
- Aging Network Services

Some organizations are designed to foster communication and resource sharing among caregivers and/or professionals who provide services to the elderly. Often these organizations are formed by the caregivers or professionals themselves, creating a support system for persons who work in similar areas of elder care. Members of organizations such as these strive to maintain quality adult care by the exchange of information about current policies, research developments, and current issues affecting quality adult care related to their area of service. The following is a list of organizations that provide support systems for persons in services for the elderly:
- American Association of Homes for the Aging
- American Association for International Aging
- American Geriatrics Society
- American Health Care Association
- Assisted Living Facilities Association of America
- American Society on Aging
- Gerontological Society of America
- International Association of Gerontology
- Leadership Council of Aging Organizations
- National Association for Home Care
- National Association for Senior Living Industries

Points to Remember

☐ Legislation of interest to the elderly also affects those that work in services for the elderly.

☐ Issues relative to aging have been defined and attention has been focused on the elderly through national conferences on aging.

☐ Bills of interest to the elderly are passed during legislative sessions.

☐ The Older Americans Act makes supportive services to victims of Alzheimer's disease and their families one of the priority services.

☐ Organizations on aging are having a growing impact on the formation of policies of our state and nation.

☐ Social security benefits are received mostly by persons sixty-five years and older and remaining benefits are received by disabled persons, dependents of persons receiving social security, or widows/widowers of a benefits recipient who has died.

☐ There are a variety of services available to help meet the needs of the elderly.

☐ Services available to the elderly may be state or federally funded or provided by a community.

☐ In Texas, elder Americans are being helped to live more actively and independently through the efforts of the state department of aging.

☐ Plans to help meet the needs of the elderly are assessed by area agencies for the elderly.

☐ Local merchants often offer special discounts on goods and services to senior citizens.

☐ The main goal in creating services for the elderly is to help them live as actively and independently as possible.

☐ Services provided by volunteers in a community can help prevent shut-in elderly persons from feeling too lonely or forgotten.

☐ The greatest benefit of a successful intergenerational program is the bonding that occurs between the two different age groups.

☐ Services and information provided by organizations and agencies can help to enhance the quality of life and well-being of the elderly as well as help the elderly person to better cope with limitations associated with the aging process.

Words to Know

AARP
advocacy group
Aging Network
Department of Health and Human Services
enabler
Friendly Visitor Service
Gray Panthers
intergenerational care
ombudsman
RSVP
SCORE
Silver Haired Legislature
SSI
STEP
Telephone Reassurance
Texas Department on Aging

Review

1. Why did the Texas Legislature form an agency to serve elderly citizens of the state?

2. What effect do social security benefits have on the financial stability of most elderly persons?

3. What types of services are available to the elderly?

4. Who is eligible for services provided for the elderly and how is priority determined?

5. What are two ways to gain information about the services available to the elderly?

6. What two goals have been set by the state agency to help meet the rising needs of the elderly?

7. How can telephone reassurance "take the place of" relatives for an elderly person living alone?

8. In what ways do the six model types of intergenerational programs differ from each other?

9. What were the results of each of the national conferences on aging?

10. What needs of the elderly were addressed in the three amendments that were passed after the First White House Conference on Aging?

11. Which legislative act has made the most important contributions to the elderly?

12. What type of information is covered in the bills passed by the legislative sessions which directly affect the elderly?

13. What organizations keep the elderly informed of new legislation?

14. What are the roles of AARP and the Gray Panthers?

15. Why is it important for those working with the elderly to be aware of legislation of interest to the elderly?

16. In what ways can organizations concerned with quality adult care be of assistance to the elderly? to caregivers? to professionals?

3

Job Opportunities in Services for the Elderly

ESSENTIAL ELEMENTS

- ☐ Identify employment opportunities and preparation requirements in chosen field.(a2A)
- ☐ Identify opportunities for business ownership.(a3A)

OBJECTIVES TO ACHIEVE

- ☐ Cite entry-level jobs in services for the elderly.
- ☐ Identify career and job opportunities in services for the elderly.
- ☐ Describe entrepreneurship in the field of aging.
- ☐ Discuss emerging employment opportunities in the field of aging.
- ☐ Summarize the benefits and rewards of working with the elderly.

Services for the elderly is a profession devoted to making the lives of the elderly more pleasant and meaningful. Individuals working in services for the elderly are helping people.

JOB OPPORTUNITIES

Many job opportunities are available in services for the elderly. The potential for employment in the fields of aging exists in every community. Better living conditions, better nutrition, and better health care have resulted in longer, more productive, and more enjoyable lives. The need for individuals to work in services related to the elderly will continue precisely because of longer life expectancy.

Although medical science has succeeded in extending the life span, society has not kept pace with the needs of a growing elderly population. Few people over sixty-five escape the problems often associated with aging. But with appropriate intervention through services for the elderly developed in coordination with professionals, these problems can be lessened or alleviated. As an increasing percentage of the U.S. population is sixty-five years or older, there will be a continuing need for services for the elderly.

Services for the elderly offers a broad range of job opportunities including the following: assisting and enabling elderly persons to remain comfortably in their own homes; helping elderly persons remain in the best possible health with the maximum possible independence; and providing services to people in their homes to improve or maintain their abilities preventing institutionalization and reducing or relieving accompanying stress. In addition to the job opportunities found in working with the elderly in specific home situations, the job opportunities in services for the elderly continue to increase in specific institutional areas.

Entry-Level Jobs

Entry-level jobs are employment positions available to persons with little experience or training in any particular occupation. An individual who is willing to work, excited about the job, and determined to succeed can find a number of different entry-level job opportunities in services for the elderly. The entry-level jobs may be found in home-centered health services and institutional care facilities. Positions in services for the elderly include caregiver, home-health aide, housekeeper, home attendant, homemaker-home health aide, companion, personal attendant, and homemaker. Individuals working in services for the elderly contribute toward helping people to lead healthier, happier, and more independent lives. Entry-level positions may require all or some duties to be performed under close professional supervision.

Personal Care. Personal care includes all those areas generally taken for granted such as care of the teeth, gums, and mouth; grooming (combing hair, shaving, and trimming nails); bathing (in bed, tub, and shower); care and selection of clothes; toileting (getting on and off a commode, toilet, or bedpan); simple movements (from bed to chair or wheelchair); walking (with crutches, cane, walker, or gentle assistance); exercising; dressing; preparing and serving special diets.

Domestic Chores. Domestic chores include all the things done around the house plus some basic health care such as the following:

- preparing and serving meals
- dishwashing
- feeding pets
- making and changing beds
- dusting and vacuuming rooms
- cleaning the kitchen and bathroom and listing needed supplies
- shopping for supplies and doing errands
- doing laundry; checking the laundry to send out
- ironing and mending
- emptying trash
- cleaning and defrosting the refrigerator
- reading and writing for the elderly person
- transporting or escorting the individual
- taking messages
- recording both TPR (temperature, pulse, and respiration) and fluid intake and output when required.

Health Care. Health care includes performing routine health care tasks such as the following:

- assisting with prescribed skin care and prevention of possible body and muscle deterioration due to bed confinement (back rubs, turning bedridden person, exercises, massages)
- helping in the use of support devices; assisting with dressing changes
- observing and recording TPR
- general monitoring of the individual's conditions; reminding person to take medication
- applying heat or cold to problem areas such as aching back
- assisting with exercise and walking.

Opportunities For Advancement

From an entry-level position individuals can move up to higher-level jobs through on-the-job experiences or through further education.

Figure 3.1 identifies some of the positions available in working with the elderly. The right-hand column of the chart indicates the type of formal education usually associated with career advancement. There are, of course, variations and exceptions to this chart.

Most advancement for home-health aides is in the form of wage increases. However, a route for advancement would be for the home-health aide to become a licensed practical nurse (sometimes called a vocational nurse). The training program for Licensed Practical Nurse (L.P.N.) usually takes one year. Most programs require a high school diploma, but some will accept applicants with less education. The training combines both theory and supervised practice. As a practical nurse, a job opportunity in services for the elderly would be with a public health agency. Public health programs sometimes enable elderly couples to remain at home as the practical nurse visits the home to give needed care. Private homes, long-term care facilities, and elder care centers also give the practical nurse the opportunity to continue working in services for the elderly.

Related Job Opportunities

Health care is the second largest industry in the United States today. The National Health Council lists more than 200 different health careers. About half of all health workers are in hospital settings. Others are working in long-term care facilities, community health departments, schools, rehabilitation centers, and doctor's offices. Nurses are in great demand especially in metropolitan areas. However, a need exists for qualified medical personnel in

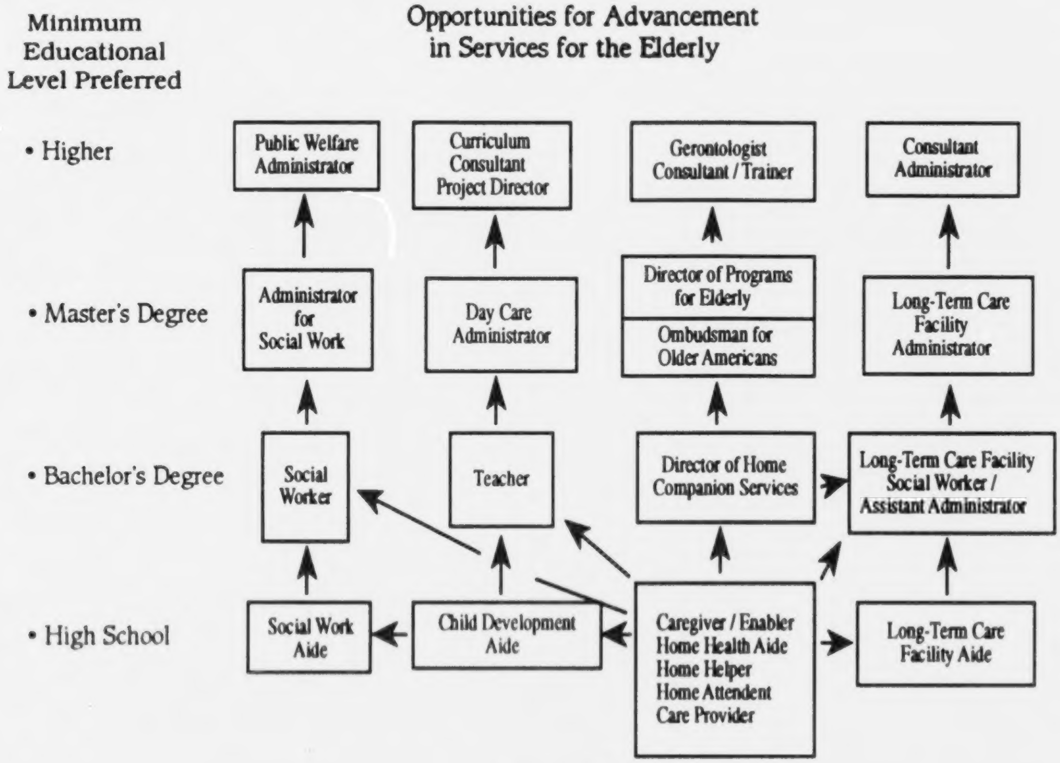
Minimum Educational Level Preferred
Opportunities for Advancement in Services for the Elderly
• Higher
• Master's Degree
• Bachelor's Degree
• High School
Public Welfare Administrator
Curriculum Consultant Project Director
Gerontologist Consultant / Trainer
Consultant Administrator
Administrator for Social Work
Day Care Administrator
Director of Programs for Elderly
Ombudsman for Older Americans
Long-Term Care Facility Administrator
Social Worker
Teacher
Director of Home Companion Services
Long-Term Care Facility Social Worker / Assistant Administrator
Social Work Aide
Child Development Aide
Caregiver / Enabler
Home Health Aide
Home Helper
Home Attendent
Care Provider
Long-Term Care Facility Aide

Figure 3.1

smaller communities where there is an increasing shortage. As America's population ages, the nation's health-care needs will increase.

The physician's assistant (PA) program is the newest type of health care career. It attracts high school graduates who, after high school, have worked as aides or orderlies in a hospital. Courses are diverse and range in length from six weeks to two and even four years. Graduates are prepared to assist physicians.

Because of their interest and work experience in services for the elderly, caregivers may be interested in furthering their training and education for related jobs in the health care field. Training for health care nursing jobs include the following choices:

- two-year associate degree programs
- three-year diploma programs
- four or five-year bachelor's degree programs

Advanced college degree programs are available for careers in nursing administration, education, and research.

Registered nurses (RN's) must be licensed. To qualify for a license, an applicant must pass a state board exam. Some states now require continuing education as a part of license renewal.

Many junior or community colleges offer two-year programs leading to the Associate in Science (or Arts) degree in Medical Assisting. The physician's office is the most obvious place of employment for the medical assistant. However, with the growth of specializations in the field of medicine, the requirements and demands on the medical assistant vary. The caregiver who has been working in services for the elderly could continue his or her interest by working as a medical assistant for a gerontologist. The professional medical assistant is trained to handle with equal adeptness the duties and skills inherent in both the clinical and administrative aspects of the office.

Entrepreneurship in the Field of Aging

Entrepreneurship is the creation of new businesses by private individuals. These businesses like most other businesses provide a service or product to others for the purpose of profit. Entrepreneurship in the field of aging is the creation of new businesses by private individuals for the purpose of providing a service or product that appeals mainly to the elderly population.

Entrepreneurs are persons who own and operate their own businesses. An entrepreneur usually sells a new product or service and often possesses the following qualities:

- individualism
- initiative
- a pioneering spirit
- self-expression
- independence
- persistence
- inventiveness

Opportunities for entrepreneurship in the field of aging have expanded according to the needs of the elderly and their growth in population. Products and services for the elderly that are marketed as personal growth opportunities have proven to be much more successful than products and services advertised specifically for elderly age groups.

The type of business that the entrepreneur chooses to start should depend on information about the elderly who have been targeted as potential customers. Information about the target group of elderly, such as their eating and spending habits, leisure time activities, and housing preferences, can be helpful to the entrepreneur. Community needs for a service or product, present competition, and the potential of establishing a referral network should also be evaluated prior to any major business ventures.

The advantages of becoming an entrepreneur are appealing and include benefits such as independence, a potential for high profits, personal growth in creative and decision making abilities, and customized work schedules. Entrepreneurs assume full responsibility for the success or failure of the business. High profits can be gained or great losses can occur, and the entrepreneur must be prepared for either of these situations. Entrepreneurs must prioritize employee salaries and business bills above their own needs regardless of the financial condition of the business.

Entrepreneurs must already have or learn to develop specific abilities in order to successfully handle the unique situations that are associated with operating a business. Abilities that are most useful include persistence, patience, technical business knowledge, and the ability to absorb setbacks.

Emerging Opportunities

What will things look like in the field of aging by the year 2000? Consider that it was not until 1970 that programs such as senior centers and meals on wheels came into being—and retirement communities as well as adult care centers only began developing shortly after that. It is projected that the number of persons over the age of seventy-five is expected to grow at a very fast rate from now until the year 2000. Elderly persons reaching these higher age groups will require more assistance due to the natural decline of physical abilities and sensory capacities that comes with age. The percentage of elderly persons with visual and auditory disabilities as well as mobility difficulties will therefore increase. This will mean that assistance services and products to help with these and similar age related difficulties will be in higher demand. Areas of health care are already changing to include the study of aging and care of the elderly. Geriatric nursing is a rapidly growing new specialty.

Other opportunities will be a direct result of changes in the elderly persons themselves. Medical progress in health care as well as public education on preventive health have both improved the quality of life for today's elderly. Unlike the elderly of past generations, elderly persons, more now than ever, are free to focus on leisure, educational, and self-improvement activities.

By the year 2000 the majority of baby boomers will be celebrating their 50th birthdays. More than half of these will have had a college education or at least some college. As a result, occupations in the field of aging will most likely be tied in with educational programs, personal growth opportunities, cultural enrichment, and job training. This would indicate that places such as colleges or universities, libraries, and arts related institutions will provide more opportunities than ever before for persons seeking employment in services for the elderly.

Long-term care and housing will most likely remain high on the list of priorities for future opportunities in the field of aging. An occupational service for the elderly that has recently gained popularity is the ***private case manager***. This is a gerontological entrepreneur who assists elderly persons and their families with information, referral, counseling, and the coordination of necessary services. Substantial education and experience are required. Other new, age-related fields of interest are associated with teaching nursing homes and geriatric assessment clinics.

Benefits / Rewards of Working with the Elderly

Services for the elderly provide workers the opportunity to feel useful and to be needed. Individuals working in services for the elderly are committed to helping others, and satisfaction comes from meeting the needs of others. For many caregivers, the feelings of contentment, joy, and peace experienced when they know their performance meets the needs of an elderly person takes precedence over monetary gains. Many caregivers of elderly persons experience personal satisfaction when they realize they are receiving more from the elderly person than they ever give. This is often made evident to the employee when the elderly person expresses appreciation for the kindness, consideration, and care exhibited by the employee.

Points to Remember

- ☐ Services for the elderly is a profession devoted to caring for the elderly.
- ☐ There will continue to be a need for individuals to work in services for the elderly because people are living longer due to better living conditions, better nutrition, and better health care.
- ☐ Services for the elderly offers a broad range of job opportunities.
- ☐ Entry-level jobs may be found in home-centered health services and institutional care facilities.
- ☐ Individuals in entry-level positions can move up to a higher-level job through on-the-job experiences or through further education.
- ☐ The advantages of becoming an entrepreneur are appealing and include benefits such as independence, a potential for high profits, personal growth in creative and decision making abilities, and customized work schedules.
- ☐ Colleges or universities, libraries, and arts related institutions will provide more opportunities than ever before for persons seeking employment in services for the elderly.
- ☐ Services for the elderly provide personal satisfaction to the caregiver that takes precedence over monetary gains.

Words to Know

entrepreneurs
entrepreneurship
entry-level jobs
private case manager
services for the elderly

Review

1. Where can most entry-level job opportunities be found in services for the elderly?

2. In what different environments can persons employed in services for the elderly expect to work?

3. What are the three areas of duties the entry-level position may require?

4. Name two ways an individual in an entry-level position can move up to a higher-level job.

5. Briefly discuss the qualifications and duties of the physician's assistant and medical assistant.

6. Describe the seven qualities associated with an entrepreneur.

7. What are some of the growing opportunities in the field of aging and what are the reasons for this growth?

8. What are three non-monetary benefits of working in services for the elderly?

4

Employee Qualifications

ESSENTIAL ELEMENTS

- ☐ Demonstrate productive work habits and attitudes.(a2E)
- ☐ Apply principles of time management and work simplification when performing assigned tasks.(a2J)
- ☐ Identify ethical practices and responsibilities.(a2K)

OBJECTIVES TO ACHIEVE

- ☐ Describe the factors affecting the physical capabilities helpful for working in services for the elderly.
- ☐ Identify attitudes important for the elder care employee.
- ☐ Describe the ethics needed by employees working in services for the elderly.
- ☐ Summarize desirable qualities needed by elder care employees.
- ☐ Identify good work habits that lead to job success in services for the elderly.
- ☐ Cite how time management contributes to accomplishing routine work efficiently.
- ☐ Summarize work simplification.

Individuals working in services for the elderly are people who care. Caring is a positive feeling about something or someone. Caring is reflected in the way the caregiver looks, speaks, performs tasks, and treats others.

Students may require pre-certification through a post-secondary school prior to being accepted for employment as an aid in an elder care facility.

EMPLOYEE CHARACTERISTICS

Individuals working in services for the elderly possess certain personal characteristics that contribute to success when working with elderly persons. Some of the characteristics are built into the individual's personality; other characteristics are learned. Desirable personal characteristics for individuals working in services for the elderly include certain physical capabilities, attitudes, ***ethics*** (standards of conduct and moral judgement), and personal qualities, as well as good work habits and time management skills.

Physical Capabilities

To ***administer*** or be of service to the needs of the elderly, the caregiver should exhibit both physical and mental health. The factors affecting the employee's well-being are discussed below.

Physical Strength. The caregiver should be physically strong with a high level of physical energy. Caregivers will frequently be required to help physically support and move elderly persons who are not independently mobile.

Knowledge of Body Mechanics. The caregiver should understand the basic principles of body mechanics in order to effectively care for the elderly. Caregivers skilled in good body mechanics can help the elderly by showing them ways to walk, sit, and turn in bed. Information about body mechanics can be found in Chapter 26.

Being Free From Contagious Diseases. The caregiver must be free from any contagious diseases. Infants and elderly persons are especially susceptible to contracting contagious diseases, and catching a simple cold can develop into life-threatening circumstances.

Good Posture. It is important to maintain correct posture in walking, standing, and sitting to allow body organs to function properly, to stimulate circulation, to correct bone ***alignment*** (arrangement in a straight line), and to promote better respiration. An individual working with the elderly needs to be free of minor aches and pains, which can be eliminated by good posture.

Adequate Sleep and Rest. Adequate sleep and rest are necessary for the caregiver to be alert on the job. The average person requires seven to eight hours of sleep nightly; however, the amount required may vary from person to person.

Proper Nutrition. A well-balanced diet that includes six to eight glasses of water daily is extremely important for the caregiver to remain healthy. A poor diet may result in irritability, nervousness, tiredness, and susceptibility to illness. It is important, too, for the caregiver to have a good meal before beginning a work shift. When caregivers omit meals, their energy level, mental attitude, and performance may be directly affected.

Regular Exercise. The caregiver needs to participate in regular exercise because exercise relieves daily tensions and stimulates a healthy mental attitude.

Good Personal Hygiene. The caregiver should be clean and neatly dressed. Elderly people often feel that the caregiver who exhibits good personal care will take good care of them. In fact, how well an elderly person likes and receives a caregiver may be determined by the appearance and grooming of the caregiver.

Attitudes

Individuals working in services for the elderly like and understand people and want to help others. It is easy to take on the problems of elderly persons needing assistance. It is important that caregivers keep their work and personal lives separate. For elderly persons to be helped, they must be comfortable and relaxed with the caregiver. Therefore, individuals working in services for the elderly should have a positive outlook on life and should continually work on developing and maintaining their own emotional stability by being cheerful, honest, sympathetic, and considerate of others. Certain attitudes, including the following, help the caregiver give the elderly person a sense of security and confidence. The following characteristics and personal attitudes will contribute to the success of caregivers in services for the elderly:

- **Dependable**—A person who is ***dependable*** displays the ability to do required tasks well without direction.
- **Responsible—**A person who is responsible displays the ability to accept one's obligations, answer for one's conduct and actions, and deserve the trust or confidence of others.
- **Patient—**A person who is patient displays the ability to bear provocation, annoyance, misfortune, what is disagreeable or what requires effort without complaint, loss of temper, or irritation.
- **Tolerant**—A person who is ***tolerant*** displays the ability to have a fair and objective attitude toward those whose opinions, practices, race, religion, or nationality differ from one's own.
- **Kind**—A person who is kind displays the ability to give respect and special regard to others.
- **Courteous**—A person who is courteous displays the ability to be polite and considerate and to cooperate with others.
- **Friendly—**A person who is friendly displays the ability to show a warm and outgoing attitude toward others.
- **Empathetic**—A person who is ***empathetic*** displays the ability to be aware of and understand another's feelings.
- **Sympathetic**—A person who is ***sympathetic*** displays the ability to share the feelings of another, especially in sorrow or trouble.
- **Flexible**—A person who is ***flexible*** displays the ability to adjust to meet new needs or a changing situation.
- **Tactful**—A person who is ***tactful*** displays the ability to do and say the right thing at the right time.
- **Stable**—A person who is ***stable*** displays the ability to withstand pressure and remain calm in crises.
- **Motivated**—A person who is motivated displays the ability to be a self-starter and does not wait to be told by others when, where, how, and what to do.
- **Accurate**—A person who is accurate displays the ability to be careful and meticulous and consistently avoids mistakes.
- **Alert**—A person who is alert displays the ability to grasp instructions and meet changing conditions.

Ethics

The term ethics refers to a system of moral principles. This means principles of behavior with respect to the rightness and wrongness of certain actions. The following ethical traits are important for job success when working in services for the elderly:

- **Loyalty**—Faithfulness to commitments or obligations
- **Honesty**—Fairness, truthfulness, sincerity, and integrity
- **Objectivity**—Forming opinions and making decisions based on fair comparisons
- **Respect—**Demonstrates admiration and approval together with deference to others
- **Confidentiality**—Confidences, secrets, and intimacies of others are not divulged by caregivers who practice ***confidentiality*** Personal information such as illness details

should not be discussed with anyone except a supervisor.

Qualities

Individuals working in services for the elderly will find the following qualities helpful in working with the elderly:

- **Sense of humor**—A person with an appropriate sense of humor finds something funny in an embarrassing or unpleasant situation and changes a disastrous experience into a pleasant or even an amusing event.
- **Self-confidence**—A person with self-confidence exhibits a sense of one's own self-worth that wins the confidences of others.
- **Genuine interest in people**—A person with a genuine interest in people demonstrates care, concern, and understanding to all kinds of people from all kinds of backgrounds.
- **Sensitivity to aging**—A person who is sensitive to aging understands the aging process and treats each elderly person as an individual. A positive accepting attitude about the elderly enables caregivers to offer genuine concern and empathetic support.
- **Good communication skills**—A person with good communication skills expresses ideas clearly, responds to others' attempts to communicate, and has good interpersonal relationships with the elderly, visitors, and co-workers.

In addition to the attitudes, ethics, and qualities discussed, which are needed by all employees, the caregiver for the elderly must follow an ethical code of conduct at all times. An ethical caregiver gives the same quality of care to all elderly persons regardless of their economic status, race, or religion. Every elderly person should be treated with equal kindness, courtesy, and respect.

Good Working Habits

Working in services for the elderly deserves the caregiver's undivided attention and best effort. Along with a genuine interest and a positive attitude, the caregiver for the elderly should possess good work habits. The following guidelines will help the caregiver develop good work habits important for a high quality performance.

Punctuality and Dependability. Caregivers should be on time to work. Whether they are working in a private home or in a elderly care facility, others depend on caregivers every day they are scheduled to work. The duties which must be performed during the day determine employees' work schedules. In the event of an emergency, such as illness or death in the immediate family, the employer should be notified at once to adjustments made in the schedule. Being late or absent disturbs the operation of the home or institution and frustrates other individuals.

Good Use of Work Time. Caregivers for the elderly should avoid the misuse of time when they are scheduled to work. Personal phone calls are a misuse of work time and should be kept to a minimum. Loafing, idleness, gossip, visiting, and disorderly conduct represent wastes of time. This misuse of time also interferes with others who are trying to do their work.

Use of Proper Language. Individuals working in services for the elderly should pay attention to their language and use the best grammar they can. Caregivers should learn to use clinical terms and work to improve their grammar if necessary. Cursing and crude gestures are inappropriate on any job.

Respect of Confidential Information. Individuals working in services for the elderly should respect and hold in confidence all information concerning the situation, condition, or treatment of an elderly person. In communities where everybody knows everybody, confidential information must be respected.

Good Grooming and Sanitary Habits. The caregiver should keep in mind that the most important single factor in establishing a personal grooming routine is cleanliness. A daily shower or bath is essential and deodorant or antiperspirant should be used daily. Nails must be kept clean and neatly trimmed. Wedding bands can be worn, but other jewelry should not be worn because it may get in the way or may injure an elderly person. While on duty only clear nail polish (if any) should be worn.

A clean mouth and teeth are important in preventing bad breath. Therefore, the caregiver should brush and floss his or her teeth daily.

Hair must also be kept clean. It should be neatly arranged, and in a style that requires little attention. Hair styles should conform to any health regulations of the state or health care facility.

Facial hair should be kept clean and trimmed. Females should apply cosmetics sparingly. The caregiver should avoid the use of perfume or shaving lotion when working.

The clothes or uniform of the caregiver should be clean, comfortable, well fitting, and in good repair. Shoes should be clean, comfortable, and fit well. Frequent polishing will keep white shoes white. Shoestrings must be washed often to keep them clean. Hosiery must be clean and free of snags or runs. When working in services for the elderly, caregivers should wash their hands thoroughly with soap before and after all care procedures to protect the elderly person, as well as themselves and others, from infection. The purpose of handwashing is to remove as many germs as possible. Recent research studies indicate the use of bar soap may be a means by which bacteria is transmitted. Liquid soap or dry powders are suggested for use. Likewise, disposable paper towels are recommended.

Time Management

The caregiver should take a few minutes at the beginning of the day or shift to plan and organize the day's work. Although the daily routine may vary, certain tasks must be accomplished. Implementing work simplification into the plan for organizing work will help the caregiver accomplish routine work efficiently. ***Work simplification*** means the simplest, easiest, and quickest method of doing work. Wasted effort can be avoided when the caregiver becomes motion conscious, learns to use simple rules, and understands the rewards of work simplification. The following are some general rules on time management:
- Eliminate unnecessary steps.
- Select the correct tools and supplies for the job.
- Maintain good posture.
- Concentrate on the task.
- Clean up as a task is completed.
- Return tools and supplies to their proper place.
- Make use of return trips.
- Store frequently used items where they can be easily reached.

Work Simplification

The principles of work simplification can be summarized in four words: eliminate, combine, rearrange, and simplify. The task can be made easier by applying the following rules:
- Have a clear idea of what is to be done.
- Know how the task should be done.
- Be aware of what is involved in each step.
- Know what tools, equipment, and supplies are needed for the task.

Organization can save time and energy. Knowing what needs to be done, when it should be done, and what tools, equipment, and supplies are needed aids in work simplification.

Points to Remember

☐ Factors affecting the physical capabilities needed by a caregiver include physical strength, knowledge of body mechanics, freedom from contagious diseases, good posture, adequate sleep and rest, proper nutrition, regular exercise, and good personal hygiene.

☐ Desirable attitudes that help the caregiver provide the elderly person with a sense of security and confidence include dependability, responsibility, patience, tolerance, kindness, courtesy, friendliness, empathy, sympathy, flexibility, tactfulness, stability, motivation, accuracy, and alertness.

☐ Ethics important for job success when working in services for the elderly include loyalty, honesty, objectivity, respect, and confidentiality.

☐ Qualities helpful in working with the elderly include good communication skills, sense of humor, self-confidence, a genuine interest in people, and sensitivity to aging.

☐ Caregivers should be on time to work whether working in a private home or in an elder care facility.

☐ The caregiver is responsible for knowing the rules governing smoking, coffee breaks, and mealtimes.

☐ Personal neatness and absolute cleanliness are especially important for the caregiver working in services for the elderly.

☐ Caregivers should avoid the misuse of time when they are scheduled to work.

☐ The caregiver should never use abusive language and should work to improve grammar if necessary.

☐ Confidential information must be kept confidential.

☐ Caregivers should follow the correct procedure for washing hands before and after all care procedures in order to protect the elderly person, as well as themselves and others from infection.

☐ Work simplification means the simplest, easiest, and quickest method of doing work.

☐ The principles of work simplification are eliminate, combine, rearrange, and simplify.

Words to Know

administer
alignment
confidentiality
dependable
empathetic
ethics
flexible
stable
sympathetic
tactful
tolerant
work simplification

Review

1. Name eight physical capabilities that are helpful for working in services for the elderly.
2. Explain how six of the attitudes discussed can help the caregiver provide the elderly person with a sense of security and confidence.
3. Summarize the meaning of the term "ethics" as related to services for the elderly.
4. Why are ethical traits important for job success when working in services for the elderly?
5. Relate the importance of a caregiver's communication skills when employed in services for the elderly.
6. How does a sense of humor contribute to success when working in services for the elderly?
7. Name five good work habits that caregivers working for the elderly should exhibit.
8. What is time management and how does it relate to the caregiver's job?
9. What benefits can be obtained by utilizing work simplification guidelines?
10. Explain the principles of work simplification.

5

Physical Needs of the Elderly

ESSENTIAL ELEMENT

- ☐ Identify characteristics and care needs of the elderly.(n1B)

OBJECTIVES TO ACHIEVE

- ☐ Describe the physical needs of the aging person.
- ☐ Cite factors that affect the process of aging.
- ☐ Summarize the physical changes that typically occur as a person ages.
- ☐ Describe signs to look for when observing physical changes.
- ☐ Find measures to lessen the effects of physical changes in the elderly person.

To better understand the behavior of the elderly person it is necessary to know about the changes that normally occur in the body as people age. These physical changes can have an important effect on people's attitudes, self-concept, and ability to perform daily tasks. People age at different rates, and different tissues and systems within one person show differences in rates of aging as well. Therefore, while it is useful to discuss the average elderly person, it is important for the caregiver to keep in mind that the physical needs of elderly individuals vary.

The physical needs of the elderly are basically the same needs of all people; however, these needs may have to be met in different ways. As aging occurs, a degree of independence may be lost. Some elderly people need only minimal assistance such as help with meals or reminders to take medication. Other elderly persons who have had a severe illness may need additional help with activities such as bathing or dressing. Giving the necessary assistance in an understanding manner enables the elderly person needing physical help to remain independent.

BASIC NEEDS OF THE ELDERLY

The physical needs of the elderly will vary with each individual as well as each situation. If an elderly person needs care, it should be determine what that person may need, what they are able to do, and what can be done for them. People in need of physical assistance should be challenged and encouraged to care for themselves as much as possible. At times it may be both easier and faster to complete a task for the person in need, but this can lead to the person losing independence. Caring for the elderly in need of physical assistance takes time, patience, and understanding on the part of the caregiver. One of the main purposes of the caregiver/elderly person relationship is to enable a greater independence on the part of the elderly person and prevent dependence on the caregiver or care facility. The paradox is that the elderly person must be dependent on the caregiver to some extent to achieve this independence.

There will be some situations in which a caregiver must encourage elderly persons to be dependent. For example, the elderly who have always been very independent and self-sufficient frequently have difficulty accepting that the particular way they are aging requires accepting help from someone else. To these persons, being dependent on another means that they are now less valuable and less worthwhile as persons. The caregiver's task here is twofold. One is to adapt the environment so that elderly persons can continue to do as many things as are safe. The other is to help elderly persons continue to feel respected and valuable despite some limitations on activities and despite the need to depend on others for help in a few areas.

In some situations the caregiver will find people who are so overwhelmed with so many problems that they seem unable to make decisions or act on their own behalf. Frequently these cases require the caregiver to demonstrate a willingness to be dependable. This will help reassure the elderly person that the caregiver will take care of some things without the elderly person having to ask for help in that area each time help is needed. As the caregiver makes some changes for the better in the situation of the elderly person, the elderly person begins to feel that other changes are possible. With encouragement from the caregiver, the elderly person starts to take on more and more responsibilities.

A person with greater physical needs may be confined to bed. This type of person may have lost control over bowel and bladder functions and will need daily assistance with changing clothes, brushing teeth, or eating. In this situation, it often becomes important for the caregiver to look not only at what can be done for the person but also if assistance will be needed to properly care for the person. Helping a person with greater physical needs can be exhausting at times, but it can also become a very rewarding experience. When working with this person, it will be important for the caregiver to be aware of the full extent to which the individual will need help so that the physical and emotional needs may be met in the best way possible.

PHYSICAL CHANGES

To better understand an elderly person's behavior, knowledge about the changes that occur as people age is essential. Aging takes place at different rates and certain changes in the body can eventually be expected. Since aging is an individual process, the physical changes that occur with age will be different with each person. Changes that occur and the rate at which they progress will be affected by diet, health care, exercise, stress, mental attitudes, disease, and environmental conditions. There are specific changes that typically occur as a person ages.

Physical Appearance

Changes in physical appearance, usually the most obvious indicator of age, take place at vastly different rates. For example, graying or thinning hair is one of the most noticeable distinctions of aging. Other physical changes also occur as people age, such as body maintenance generally becomes more difficult; often the skin becomes less elastic, somewhat drier, wrinkled, thinner, and often discolored; warts may develop; varicose veins become more prevalent; the eyelids thicken slightly; the shoulders narrow; the hips broaden; and collagen, the connective tissue between joints, wears thin causing vertebrae to squeeze closer together and causing overall body shrinkage. The most important point to remember is that all of these changes do not occur to everyone or at the same time. This is only a general pattern for aging.

Internal Organs and Systems

Every day, thousands and thousands of cells in the human body die. As people age, the body's capacity for reproduction of cells slows, and with this slowing, deterioration begins to take place. A person's previous history of injury, disease, and lifestyle will play an important part in determining the rate at which the body's various systems slow. An overweight smoker, for example, will age at a much faster rate than an athletic non-smoker. As the body's reproductive capability deteriorates, organs and organ systems begin to function at a slower rate.

The ***cardiovascular system*** or circulatory system is affected. The heart begins to shrink. Heart valves become less flexible, thicken, and do not close as efficiently. The walls of the heart thicken slightly in places; the heart's capacity to use oxygen lessens; fatty deposits increase around the heart; blood pressure often increases as the arteries become less elastic; and from age thirty to seventy cardiac output decreases on the average of 30 to 40 percent. A lifelong, proper diet and vigorous exercise can vastly increase the life and productivity of the cardiovascular system.

The ***respiratory system*** also changes. Lost muscle tone decreases breathing ability and coughing or breathing deeply are impaired as the lungs become more rigid and stiff. Again, exercise throughout life will greatly increase the aerobic capacity of the lungs.

The ***digestive system*** also ages. Various glands in the system change. These may affect absorption rate, taste, and the smell of food. The acidic juices in the stomach experience change and can affect certain drugs. With the loss of absorption, malnutrition, especially the loss of Vitamin B, becomes a concern. Another concern is poor digestion due to lower digestive enzyme levels. And finally, bowel activity often decreases. Diet has a lot to do with the severity of many digestive problems, and as mentioned before, exercise under medical supervision can improve digestion.

The ***urinary system*** is another system that experiences some change. The flow of blood through the kidneys, the body's waste filtering system, is often reduced and general kidney function deteriorates as well. Loss of muscle control contributes to bladder problems, and in males, an enlarged prostate gland often causes urination problems.

The ***skeletal system*** needs consideration. As mentioned earlier, collagen decreases causing a general shrinkage in body stature. Beyond this, bones often become more brittle, porous, lighter, and are more easily broken; cartilage gradually atrophies or wears out, and joints become stiffer.

Finally, the ***muscular system*** changes. Muscle tissue breaks down and shrinks and is not as abundant. In cases of injury, scar tissue replaces healthy muscle tissue and muscles become less elastic. Nerve impulse speed slows, and consequently, reflexes slow.

The elderly do not necessarily experience all of these discomforts. However, the majority will experience some. Proper diet and exercise supervised by a physician cannot be overemphasized.

Sensory Changes With Age

Starting around the age of thirty, the five senses (sight, sound, smell, taste, and touch) seem to lessen as people age. After age sixty, the loss becomes more noticeable. Elderly people are often frustrated as they cannot see as far or hear as well as they used to. The caregiver should be aware that these sensory changes can affect the behavior of the elderly. Once again, remember, not all changes occur to everyone at the same time.

Vision. Vision often becomes less acute as people age. The lens of the eyes becomes less elastic, and eye muscles have increased difficulty focusing. The eyes become more sensitive to glare, but less sensitive to light. Clarity decreases. Finally, as the lenses age, they yellow. This allows colors such as yellow, orange, and red to be more easily seen, but prevents colors like violet, blue, and green from being seen.

Hearing. Hearing too is often affected as people age. As the arteries harden, less blood may be able to get to the ear. Stiffening joints may cause the connections between the three tiny bones in the middle ear to stiffen, and in severe cases, could lead to deafness. The years of damage done by environmental noise may result in the loss of high and/or low range noise causing the loss of some sounds.

Taste. Taste also changes. Taste buds, parts of the tongue that identify flavor, decline in number and functions. Salty flavors eventually disappear while the identification of bitter, sour, and sweet flavors continues.

Smell. Smell is also affected. Certain odors, such as flower and perfume, become indistinguishable. There is generally less awareness of body and household odors, and there is an inability to detect a new odor after smelling a strong odor over a period of time.

Touch. Touch, the ability to feel or feel differences in the textures of objects, decreases. Also, there is often a decrease in the ability to sense temperature, slight pressure, and pain.

Motor Abilities

For many elderly persons, movement becomes somewhat more difficult largely due to decreased strength, energy, and increased stiffness in joints. When exerting strenuous effort, it generally takes longer to recuperate and the ability to coordinate fine muscle movements decreases.

Observing Physical Changes

When caring for the elderly, one of the most important caregiver responsibilities is to watch for little changes that may signal a health problem. A serious illness can be prevented simply by watching for early trouble signs. When observing an elderly person's physical condition, the caregiver should watch for signs of pain, swelling, a change in color of the skin, and general strength. Caregivers should report their observations to a doctor, nurse, or other supervisor. Refer to figure 5.1 for a list of trouble signs that caregivers should watch for when caring for the elderly.

Caregivers will be able to notice slight changes more readily than other individuals will due to the daily contact they have with elderly in their care. Any and all concerns pertaining to the health of the elderly person should be reported immediately to a nurse, family doctor, or other health professional.

Trouble Signs to Watch for When Caring for the Elderly

Abdomen—swelling, tenderness, and pain or cramps

Arms and Hands—fingernails with a bluish tinge, inability to move, reach, or grasp

Back—swelling at lower back or hips, white or red patches that indicate potential pressure sores

Between the legs—redness, swelling, odor, or discharge in or near the genitals

Chest—noisy breathing, cannot cough deeply, both sides of the chest do not move together with each breath, and rash or irritation under the breasts

Ears—drainage, sores behind ears, and changes in hearing

Eyes—red or sore eyelids and rims of eye, clouding in the eyes, and different sized pupils

Feet—sores on heels and the bones at the ankle, difference in color, ingrown toenails

Hair and Scalp—sores, dryness, and brittle hair

Legs—inability to move, including the distance kicked frontwards, side ways, and backwards; swelling or redness of knees and ankles

Mouth—mouth odor, sores or cracks on the lips, and poor condition of gums or teeth

Neck—swelling, and inability to turn neck from side to side

Nose—inability to breathe clearly through the nose

Figure 5.1

MEASURES TO LESSEN THE EFFECTS OF PHYSICAL CHANGES ON THE ELDERLY

As the caregiver gains a better understanding of the changes that normally occur in the body as people age, the caregiver must become aware of the steps that can be taken to lessen the effects of certain changes and disorders. The caregiver should keep in mind that people age at different rates, and different tissues and systems within one person show differences in rates of aging as well. Some measures to lessen the effects of physical changes of the elderly are discussed below.

Cardiovascular System. As mentioned earlier, proper diet and exercise can greatly increase the longevity of the cardiovascular system. Both diet and exercise should be supervised and maintained by a physician. Local or direct applications of heat or warmth such as hot water bottles, hot soaks, and heating pads should not be applied without written orders. There are other areas where the caregiver can directly intervene that can help to improve circulation such as the following:

- offering a lukewarm bath and being careful that the water is not too warm or too cool
- making sure the person is dried thoroughly after the bath
- providing warmth by making sure that rooms are free of drafts, and seeing that the elderly person is sufficiently and appropriately clothed to avoid chilling and perspiring
- preparing proper amounts of foods and types of foods and fluids to help regulate circulation and prevent infection. Calories, fats, proteins, and vitamins are regulated according to the weight and age of each person and his or her needs

Respiratory System. A person with a respiratory problem needs sleep. The surroundings should be made as quiet as possible to help the person rest. A sitting position in which the body is adequately supported is best for people with respiratory difficulties as it allows for ease in breathing. There may be times when the use of oxygen through a respirator might be necessary to assist with breathing.

People with respiratory disorders may eat poorly because they lack strength or fear that eating will bring on coughing spells, shortness of breath, or other problems. Smaller servings of food can be offered and assistance given when necessary.

Digestive System. A diet that includes plenty of fluids, bulk or fiber, fresh fruit, and vegetables will aid in preventing constipation as will a proper amount of exercise. Caregivers can help elderly persons maintain a healthy digestive system by doing the following:

- providing attractive and unhurried fiber-rich meals
- offering fluids throughout the day
- encouraging activity and exercise
- discouraging overuse of antacids and laxatives

Urinary System. When the kidneys are unable to maintain the fluid balance in the body, fluid loss from the body must be carefully measured so that just the right amount of fluids are given to the elderly person.

If fluids are limited, caregivers can offer the elderly person chewing gum, a wet cloth, or ice chips (in allowable amounts) to help keep the mouth moist.

Skeletal System. Good general nutrition aids in keeping the skeletal system healthy, as will good body posture and a regular exercise program. Overall exercise programs should include range of motion and breathing exercises.

Additional body weight can place a strain on the skeletal system; therefore, caregivers should help overweight elderly persons in the planning of dietary modifications that will lead to weight reduction. Aspirin, when advised by a physician, might be used to relieve minor aches and pains.

Muscular System. A broad range of exercises that use the body's muscle groups is helpful in maintaining tone and strength. Good posture aids muscles, making their job easier, and deep breathing exercises help oxygenate muscle tissue. Digesting foods is one of the most strenuous body functions but is helped along by bulk or fiber-rich foods in the diet.

Vision. A visually impaired elderly person can cope with objects better if the objects are placed within his or her field of vision. The caregiver should face the person and stand so the light falls on the face of the caregiver. Caregivers can help the visually impaired elderly perform daily tasks more independently by doing the following:

- using large letters to label objects
- providing uncluttered environments to facilitate finding things
- keeping objects in familiar spots
- color coding objects
- giving advance warning of hazards in walking paths

Hearing. Standing directly in front of an elderly person with hearing loss makes it easier for him or her to read lips. Shorter sentences and clear, concise words are easier to understand. The caregiver should avoid using slang or unfamiliar words and should avoid teasing. A gentle touch while speaking can be an important gesture for some elderly persons. Other ways that caregivers can help elderly persons with hearing impairments include the following:

- speaking toward the ear in which the hearing is best
- using appropriate hand and body gestures to help people with a hearing loss understand more clearly

Touch. Try to communicate through touch. This helps the person with decreased touch sensation overcome some of the loss. When handing an object to elderly persons with poor sense of touch, make sure that they have a firm grip on it before letting go of the object. Other ways that caregivers can help the elderly who are experiencing a decreased sense of touch include the following:

- Give verbal instructions and warnings to help prevent injury and aid in adjustment to the loss.
- Use slightly more pressure when touching an elderly person who has a decreased sense of touch.

Taste. The more attractive and pleasant food is in appearance, the more likely elderly people are to eat it. Different textures in a meal help with food identification; however, if the person must be fed by others, foods of different textures should not be fed at the same time because it can contribute to choking. Caregivers can help the elderly with diminishing senses of taste by doing the following:

- keeping food separate on the plate to facilitate identification
- providing good mouth and dental care to help the elderly person enjoy food more
- providing highly taste-filled food such as cheeses, pickles, and ice cream to help elderly persons with taste losses enjoy eating more

Smell. It is helpful for elderly persons with decreased sense of smell to try to smell food before it is placed in their mouth. Caregivers should tell the elderly person in advance what is going to be served, then the individual will have an opportunity to recall how it smells. To help lessen any sense of smell confusion, caregivers can label food items that look similar.

Points to Remember

☐ The physical needs of the elderly vary from person to person.

☐ Elderly persons, like everyone, should be encouraged and challenged to care for themselves as much as possible.

☐ Physical changes that occur and the rate at which they progress are affected by diet, health care, exercise, stress, disease, and environmental conditions.

☐ Physical appearance is usually the most obvious indicator of age.

☐ The structure of organ systems often, and gradually, deteriorate and become less efficient as a person ages.

☐ Sensory changes usually start in the late thirties and early forties but become more noticeable after age sixty.

☐ A serious illness may be avoided if the caregiver watches for early trouble signs.

☐ Concerns related to slight changes in a person's physical condition should be reported to a supervisor immediately.

☐ Certain measures can be made to lessen the effects of physical changes in elderly people.

Words to Know

cardiovascular system
digestive system
muscular system

respiratory system
skeletal system
urinary system

Review

1. Why should elderly people in need of physical assistance be challenged and encouraged to care for themselves as much as possible?
2. What type of assistance might the elderly person with physical movement limitations need?
3. Why is it important to gain knowledge about the physical changes that occur with aging?
4. List three changes that typically occur in physical appearance as a person ages.
5. What happens when the structure of organs and organ systems deteriorate?
6. List one change that occurs with each system as a person ages.
7. What is one of the most important responsibilities of a caregiver when caring for the elderly?
8. To whom should concerns pertaining to an elderly person's health be reported? When?
9. List six measures that can be used to help the elderly person with physical needs.
10. Why does movement for the elderly become more difficult with age?

6

Emotional Needs of the Elderly

ESSENTIAL ELEMENTS

- ☐ Explain social needs and psychological needs of the elderly.(n2A)
- ☐ Determine appropriate methods to meet the social and psychological needs of the elderly.(n2B)

OBJECTIVES TO ACHIEVE

- ☐ Identify the emotional needs of the elderly.
- ☐ Describe how human needs affect the emotional well-being of the elderly.
- ☐ Summarize ways to help ease feelings of threatened needs experienced by the elderly.
- ☐ Summarize the changes/losses that may affect the emotional well-being of an elderly person.
- ☐ Identify emotional problems of the elderly.
- ☐ List factors that may promote emotional adjustments to losses.
- ☐ Describe ways a caregiver can help an elderly person adjust to losses.
- ☐ Report ways a caregiver can help an elderly person adjust to changes.

Problems encountered by the elderly are similar to those of other adults: financial concerns, living conditions, family and peer relationships, physical illness, and the loss of a loved one. In addition, the elderly face the problems associated with retirement. Whether the elderly look forward to retirement with the anticipation of enjoying life and doing what they have always wanted to do, or whether they dread retirement with the anticipation of nothing to do, there is stress in the adjustment to a different lifestyle. The person involved in retirement might experience feelings of depression, anxiety, grief, paranoia, loneliness, dissatisfaction, or lack of self-respect. How well people are able to handle or cope with problems will often determine their emotional well-being. Most elderly are able to cope very well with the changes that accompany aging by themselves or with the help of family members, friends, or an understanding caregiver.

MEETING EMOTIONAL NEEDS OF THE ELDERLY

Everyone, regardless of age, has the same basic emotional needs—to feel comfortable with themselves and the world around them. Since human needs may affect emotional well-being, it is important for a caregiver to be aware of what the needs are and the ways in which the caregiver can help the elderly from feeling as if these needs are being threatened. A psychologist, Abraham Maslow, put all human needs into five categories and formed a hierarchy of human needs. As the term hierarchy suggests, these needs are structured in levels: Physical Survival Needs (physiological needs) are basic; Self-fulfillment Needs (self-actualization needs) are more advanced. Maslow states that a person strives to fulfill higher needs as the more basic ones have been satisfied, and for a person to be truly satisfied, all five needs must be met. Figure 6.1 below is ***Maslow's Hierarchy*** of human needs.

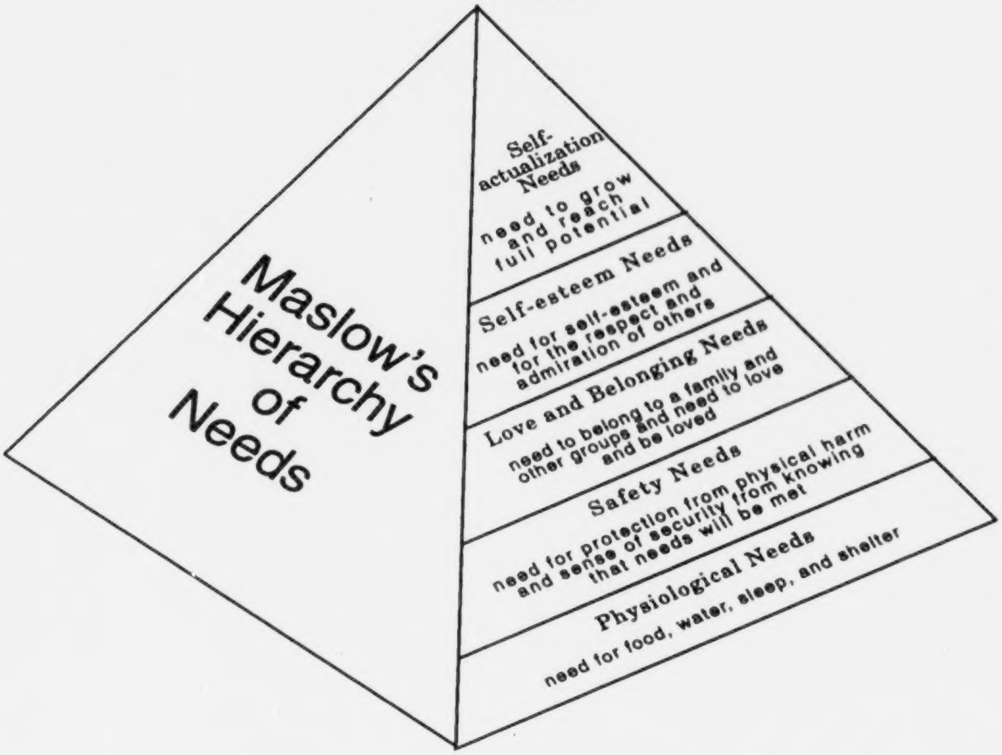
Maslow's Hierarchy of Needs
Self-actualization Needs
need to grow and reach full potential
Self-esteem Needs
need for self-esteem and for the respect and admiration of others
Love and Belonging Needs
need to belong to a family and other groups and need to love and be loved
Safety Needs
need for protection from physical harm and sense of security from knowing that needs will be met
Physiological Needs
need for food, water, sleep, and shelter

Figure 6.1

For some elderly people who have spent their lives striving to fulfill these needs, a threat to a fulfilled need, such as the death of a spouse or loss of physical health, might upset their emotional well-being, resulting in feelings such as depression, grief, loneliness, loss of self-respect, or dissatisfaction. These are not reactions exclusive of aging. When a loved one dies, all individuals experience grief, depression, and loneliness. Caregivers must recognize these feelings as being natural.

Physical Survival (physiological needs)

Physical survival is the most basic human need and includes rest, food, clothing, shelter, safety, activity, and avoidance of pain.

All of these basic physical needs do not have to be met. But the more each person's physical needs are met, the better the quality of life for the person.

Basic needs such as love, affection, independence, security, acceptance, recognition, trust, and socialization must also be satisfied for the person to have a healthy emotional outlook. Again, these needs do not have to be met each day.

Physical and emotional needs overlap and affect each other. When a need is out of balance, such as during an illness, the other needs are affected. For example, during an illness, activity is reduced, food intake changes, weight often changes, and clothing may not fit the same. As a result, the person's attitude and behavior may change. The person may be frightened, sad, angry, or depressed. The caregiver may not always be able to determine why a person is reacting in such a manner, but the caregiver must report the changes and reactions of the person to the doctor or person in charge. In turn, the person's actions can be reviewed to see if a need is not being met. Usually, with a change in the care plan, the need will be met and the person's behavior will change.

When working in services for the elderly, it will be helpful for the caregiver to understand possible emotional feelings that may develop in an elderly person, as well as how the caregiver can help to reduce such feelings.

Anxiety. ***Anxiety*** is the emotion of feeling apprehensive and/or worried. Symptoms of anxiety include the following: insomnia, denial, complaining, restlessness, fatigue, incompetence, fantasizing, hostility, dependent behavior, and isolation. Other signs include chain smoking, pacing, the inability to sit still, fidgeting, and nervous mannerisms. Physical symptoms might include increased pulse rate, blood pressure, and frequency or urgency in urination.

Each person has an individual way of decreasing anxiety. What may work for one person might not work well for another. In addition, it is sometimes difficult to detect anxiety in elderly people because they may often hide their feelings. To reduce anxiety try the following:

- One of the best things that can be done to reduce anxiety in the elderly is to simply sit with them and to listen carefully to them. The mere presence of other persons, especially loved ones, helps reduce anxiety.
- Touch may also help in reducing anxiety. Holding the person's hand and physical closeness may be very reassuring.

Paranoia. ***Paranoia*** is a mental disorder characterized by feelings of suspiciousness. Studies have shown that sensory losses can make big differences in behavior. Hallucinations might occur and persons may develop ideas that others are "out to get them." They may also tend to blame others for their difficulties. Those who are deaf are especially prone to these feelings. When they do not know what is being said, they become doubtful.

Efforts should be made to reduce the anxiety that leads to paranoid ideas. People being around may help to reduce fears. Also, changing the surroundings of the elderly person for more comfort and security can also be extremely helpful. A note of caution — changing the surroundings can also cause extreme confusion and make elderly persons less comfortable and less secure.

Depression. ***Depression*** is the emotional state of feeling hopeless. Depression in the elderly tends to be somewhat different from that found in younger people. For that reason, people who work with the elderly must be able to recognize and deal with depression effectively. Emotional signs of depression might include sadness, feeling blue, and crying spells. Physical symptoms include insomnia, decreased appetite, decreased weight, constipation, heart palpitations, fatigue, slowing of movements, and agitation. Other symptoms include ***apathy*** (uncaring attitude), confusion, emptiness, hopelessness, indecisiveness, irritability, dissatisfaction, feeling worthless, and considering suicide. Careful attention should be paid to those with sensory losses to help them reduce their losses and to prevent depression. Points to remember in dealing with depression include the following:

- Failing physical health is difficult for many elderly. There is a very close relationship between poor physical health and mental illness.
- Depression can often be hidden by anxiety, insomnia, poor nutrition, and lower energy levels.
- Denial is a widely used defense mechanism among the elderly. It can be either used to advantage or disadvantage by a depressed elderly person.
- Depression may be mistaken for brain disease.
- Apathy is characteristic of depressed persons in later life.
- Depressed persons are usually not disoriented.
- Careful attention should be given to the depressed person's physical complaints.
- An effort should be made to promote an attitude of hope among depressed elderly.
- Constant efforts should be made to promote good feelings about self (self-esteem) among the depressed elderly.
- The elderly person should be rewarded for even the smallest gain or effort to change his or her behavior.

The elderly who are experiencing depressed feelings must maintain their self-esteem. The following are ways the caregiver can help elderly people have good feelings about themselves:

- Establish a good one-to-one relationship.
- Provide an opportunity to join a group.
- Offer sincere compliments to the elderly individual.
- Display sincere interest in the elderly person and in his or her interests.
- Seek the elderly person's counsel or advice.
- Comment on performances (past ones if present ones are not easily remembered).
- Assist in the expression of anger if it exists.
- Allow the elderly person to share guilt feelings.

Loneliness. Loneliness in the aged is difficult to handle. One can be lonely even when there are others (even a spouse) around. Many people in long-term care facilities are surrounded by people but never interact with them. Lack of warmth and friendship can result in further loneliness and isolation. Causes of loneliness include the following:

- Death of a spouse, sibling, close neighbor, roommate, or another significant person can leave a person feeling lonely and without someone who cares.
- Loss of a pet can make life lonelier.
- Pain can make people very lonely.
- Persons unable to speak the language dominant to that area may feel very isolated and alone unless there is someone who can talk with them in their language.
- Certain times of the day such as sundown and nighttime can bring on lonely feelings for some elderly people.

The following are ways to reduce loneliness among elderly people:

- Listen attentively.

- Encourage the person to participate in conversation or activities. Negative responses by the elderly person may mean the person wants attention.
- If one thing does not work, try something else. Do not give up and allow the lonely person to move into further isolation.
- Share with others things you know a particular elderly person enjoys. This may encourage others with common interests to involve and interact with the elderly person.
- Be creative in dealing with the elderly. Elderly people do respond to interests, creativity, and spontaneity. They can be creative if given an opportunity to express themselves.

Grief (Mourning). *Grief* is described as sorrow or emotional suffering due to a loss or disaster. Grief may be brought on by the loss of a loved one, loss of a pet, loss of home, or a physical loss such as vision or hearing. Normal reactions to grief include the following:

- **Physical**: numbness, shortness of breath, tightness of throat, choking, sobbing, sighing, exhaustion, weakness, digestive upset , insomnia, and loss of appetite
- **Emotional**: sense of unreality, feeling of increased distance from other people, intense preoccupation with image of the dead person, guilt, and hostile feelings

Abnormal reactions to grief include the following:

- **Delayed grief**: grieving for months or even years
- **Inhibited grief**: may show up as illness, overactivity, or disturbed social interaction
- **Prolonged grief**: intense grief over a long period of time
- **"Enshrinement"**: keeping things just as they were before the death of a loved one occurred. The dead person's possessions, room, and photographs may be kept as a shrine to the person's memory.
- **Advanced grief**: this occurs before the actual loss as in the case of a long illness. This could cause a person to withdraw from the dying person prematurely leaving that person isolated and alone

Healthy management of grief includes the following:

- Accept the pain of mourning.
- Review the relation to the deceased.
- Work through any overflow of hostility.
- Express sorrow and sense of loss.
- Decide how the deceased will be remembered.
- Express any feelings of guilt.

Normal course of grief reactions are as follows:

- Begin to free oneself from the attachment to the deceased.
- Readjust the environment in which the deceased is missing.
- Form new relationships which bring rewards and satisfaction.

Encourage reactions of grief by doing the following:

- Allowing elderly grieving persons to cry.
- Help elderly grieving persons to share their guilt feelings.
- Encourage elderly grieving persons to talk about feelings of anger and/or hostility.

Hypochondria. ***Hypochondria*** is an overconcern for one's physical and emotional health, along with physical complaints that have no medical basis. The complaints are not "imaginary" but must be treated as other emotional problems. Reasons for hypochondria include the following:

- to serve as a means of interaction with doctors, nurses, family, and others
- to express anxiety over areas of great concern
- to serve as punishment over guilt
- to avoid unwanted behavior or interaction
- to punish others
- to symbolize the person's aging or sense of inadequacy

Although not curing the ailment, medical attention may be a preventive measure if it leads to exploration of the real reasons behind the symptom.

Safety and Security (safety needs)

Once the needs of physical survival are met, the next greatest concern is ***safety and security***. Some elderly people develop physical disabilities such as diminished seeing, hearing, or walking abilities. Elderly persons with physical disabilities may become frightened about the dangers involved in trying to accomplish something that is hindered by their specific physical limitations. An example might be simply walking across a room—if seeing abilities are lost or greatly diminished. If a person has been moved from the familiar surroundings of home, security can also be threatened. The caregiver can best help the elderly person feel emotionally safe and secure by doing the following:

- helping the elderly person stick to developed schedules for eating, resting, activities, and grooming
- keeping promises to do activities
- maintaining previous life patterns such as playing cards on a certain day or phoning a friend once a week
- arranging things such as drawers or table tops as the elderly person is used to having them arranged. (These little things add to a sense of security.)
- giving plenty of notice when the elderly person is to be moved or taken somewhere. The elderly need time to adjust to the idea of new surroundings

Love (love and belonging needs)

Elderly people want to give and receive love and feel like they belong. During the early years of romantic love and starting a family, belonging seems almost automatic, but in later years, some of the elderly may feel as if they have become a burden and no longer belong or are needed. At times some elderly people may feel that since they lost their youthful attractiveness, they are incapable of being loved, or, if friends and spouses have died, there is no one to love. A caregiver can help elderly persons feel loved by doing the following:

- helping them develop a sense of belonging. Give the elderly person the opportunity to solve problems or contribute to decisions or plans
- allowing them to give to give to the caregiver and others (Gifts and favors may be their way of expressing love.)
- providing some physical contact
  Do not be afraid to touch or caress a hand, or give a friendly hug or squeeze. The elderly person may miss this type of affection.
- encouraging new activities and meeting people. New friends can be made at any age and help to ease the longing for old friends who may no longer be around
- helping them to personalize their rooms with their own familiar belongings
  This will encourage feelings of belonging.

Self-Worth (self-esteem needs)

The next need that becomes important is the need for self-worth. In many instances the role of a parent or spouse will diminish with age. There becomes less of a need to provide for or take care of others. Family and friends that an elderly person previously cared for may need to help provide care for the elderly person. A caregiver can help elderly persons feel worthwhile by doing the following:

- Encourage them to be as independent as possible. This may include letting them do things for themselves, even if it takes longer, and allowing them to make as many decisions as possible about what to wear, eat, or do.
- Avoid treating them like children. Instead of saying, "Time for lunch," say, "Are you almost ready for lunch?"
- Listen and be open to their opinions and suggestions. They appreciate feeling needed, and their knowledge and experience may prove to be very useful.
- Give acknowledgment or credit for past accomplishments by asking to hear life-

experience accounts of their past successes.
- Encourage activities that involve volunteer work. This is good for helping a person to feel needed, especially when the volunteer work is for a worthy cause.

Self-Fulfillment (self-actualization needs)

The final need for the elderly person is self-fulfillment. This need will be different for each person because each person will be good at different things. Many times self-fulfillment is not possible until the later years of life because responsibilities may have taken up a lot of time. As some people age and some of their obligations lessen, they may discover talents they did not realize they possessed. The caregiver can best encourage and promote self-fulfillment in elderly persons by doing the following:
- encouraging continued learning through clubs, books, and meeting other people
- helping the elderly discover their strengths; this could be through a new hobby or interest
- being open to discussions about the past and the meaning of life

EMOTIONAL CHANGES

Many of the emotional changes associated with aging occur as a result of various losses. Most elderly people have an amazing ability to cope with not only the losses, but the slowing down that sometimes comes with aging. Years of maturity have taught many elderly persons to exchange the loss of one pleasure with something new. Some examples of losses that may affect the emotional well-being of an elderly person are discussed below.

Relationships. Sad losses are sometimes created for persons when they outlive spouses, friends, or family. This results in fewer people with which to share memories and a common background. The person with the loss should be encouraged to make new friends and build relationships. Everyone needs interaction with people of all ages.

Physical Functioning. There is a gradual slowing down physically as a result of the aging process. The person can usually accomplish the same tasks but it may take longer.

Sensory Changes. There is some decline in the ability to use the senses as a person ages. Some of the elderly may experience declining vision, restricting the ability to read or enjoy some activities. Impaired hearing might affect communication with others. Changes in smell and taste may take away the pleasure of eating favorite foods for some of the elderly. However, the elderly are not at the mercy of some unalterable process that can impair all senses. As with persons of all ages, general health, nutritional factors, smoking, and prolonged use of certain drugs and antibodies contribute to sensory deficits. These factors are under the person's control to some extent.

World of Work. The elderly can lose the feeling of being needed after children become adults and no longer live at home. The responsibility of parents taking care of children may reverse to children helping parents. Work provides a positive self-concept for many of the elderly who want to continue working as long as possible, and the elderly may take part-time or full-time jobs. Others find self-satisfaction by participating in volunteer work. However, there is a new phenomenon on the employment scene with retirees, fifty-five and over, who retire from a first career, look around for varied life options, and frequently begin second careers. Other elderly persons who possess professional knowledge and skills that have taken years to develop are valuable resources in the United States. These senior citizens, depending on their vocation, can offer legal services, teach courses, and supply home medical care. Some business firms hire former employees to use their skills on specific projects and programs on a full-time or part-time basis.

Income. The loss of salary may mean a reduction in the amount of money available. Social security is the main source of income for half of all elderly persons living in the United States today. Earnings from pensions and assets are other sources of income for the elderly. Some elderly persons must depend on financial help from sons, daughters, or other relatives.

Possessions. As people age they may have to give up possessions such as a house because they are no longer able to take care of it or can no longer afford to live in it. This can be a traumatic experience for some of the elderly because they are also giving up familiar surroundings, neighbors, a favorite spot, or other possessions with sentimental value.

Some elderly people look forward to moving into a smaller house or apartment, sorting through possessions, and making plans for a different lifestyle. With a smaller home and fewer possessions to care for, the elderly feel they will have more time to do things of interest to them. Some elderly persons decide to keep a few of their possessions and select favorite or sentimental items to take with them when moving in with relatives, or when moving into long-term care facilities or retirement communities.

MEASURES TO LESSEN THE EFFECTS OF EMOTIONAL CHANGES IN THE ELDERLY

As people age there is a great deal of variation in adjusting emotionally to aging. Many elderly people lead full, active, enriching, productive, and satisfying lives, while others feel bored, tired, depressed, useless, and withdrawn from their environments.

Many elderly persons must deal with ***social isolation*** when friends die or move away. The isolation is not inevitably a part of the aging process and with help, a person of any age can make new friends. For example, an elderly person might be one who would be considered "isolated" socially. This might be because the spouse, who had always planned most of the elderly person's social life, died and the person does not really know how to go about making new friends. Nor does the person know how to encourage life-long friends to come over and play cards, backgammon, checkers, or watch television or a video movie. The caregiver might discover that the elderly person has a special interest such as building and flying model planes and wishes to join a model plane club. A quilter may wish to join a quilting guild.

Studies have shown that those who maintain a high degree of involvement in life will be more likely to adjust emotionally to losses that occur in later years. Being committed to various areas of life such as work, organizations, clubs, friend and family relationships, as well as having a sense of humor and an optimistic outlook on life are all important factors in promoting adjustments. The following are a few ways in which the caregiver may be able to help the elderly person to adjust to losses that can affect emotional well-being:

- Convey positive feelings that the person is cared for, loved, and valued.
- Reassure the person that feelings of stress and depressing thoughts are normal during a loss.
- Encourage the person to express his or her feelings and thoughts. Sometimes talking about a loss can help during the adjustment period.

Points to Remember

- ☐ People have the same basic emotional needs from the time they are young throughout the elderly years.
- ☐ A serious threat to the human needs of people can upset their emotional well-being.
- ☐ The emotional changes associated with aging occur as a result of losses in relationships, physical functioning, diminished senses, income, possessions, and retirement from the world of work.
- ☐ Most elderly people have an amazing ability to cope with losses experienced during the elderly years.
- ☐ Elderly persons who maintain a high degree of involvement in life will be more likely to adjust to emotional losses.
- ☐ Emotional problems of the elderly include anxiety, depression, grief, hypochondria, loneliness, and paranoia.

Words to Know

anxiety
apathy
depression
grief
hypochondria

Maslow's hierarchy
paranoia
physical survival
safety and security
social isolation

Review

1. What are the emotional needs of the elderly?
2. How can human needs affect the emotional well-being of the elderly?
3. Describe the significance of satisfying each of the five human needs.
4. List three ways in which a caregiver can help an elderly person meet each of the needs that have been listed above.

5. Briefly explain five losses that may affect the emotional well-being of the elderly.
6. What effects can losses experienced have on the elderly?
7. What type of elderly people are the most likely to best adjust to emotional losses?
8. List five factors important for promoting emotional adjustment to losses.
9. How can caregivers best help elderly persons adjust to losses?
10. What are the names and levels of each human need found in Maslow's hierarchy?

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Mental Needs of the Elderly

ESSENTIAL ELEMENTS

- ☐ Explain social needs and psychological needs of the elderly.(n2A)
- ☐ Determine appropriate methods to meet the social and psychological needs of the elderly.(n2B)

OBJECTIVES TO ACHIEVE

- ☐ Identify the mental disorders of the elderly.
- ☐ Discuss the mental effects of Alzheimer's disease.
- ☐ Identify ways to care for the needs of the mildly and very confused elderly person.
- ☐ List factors that can cause change in the mental abilities of the elderly.
- ☐ Define the types of memories that may be affected by an illness or health problem.
- ☐ Describe the common mental changes that may occur among the elderly.
- ☐ Summarize ways to carry out reality orientation.

A common belief about aging is that it is a time when people develop poor memories, do not think as clearly, and undergo a general decline in mental capacity. In reality, studies have shown that mental abilities do not decline as a result of the aging process, but rather from variables such as inadequate nutrition, illness, heredity, improper use of medication, disease,

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alcohol, or isolation. Often normal memory loss is confused with overall mental decline. Studies show that while memory may decline slightly with age, other abilities such as judgment and comprehension will often improve significantly to compensate for this small loss.

MENTAL DISORDERS

When an elderly person suffers from a mental disorder, the mental disorder is usually one of two kinds, an organic disorder or a functional disorder. ***Organic disorders*** have a physical cause and are also known as organic brain syndromes. Some organic disorders are reversible and are often successfully treated. Other organic disorders such as stroke or disease (which result in permanent damage to the brain) may be treated according to individual symptoms, but cannot be reversed. ***Functional disorders*** are usually related to one's personality and life experiences. These disorders are treatable or controlled through therapy and medications but generally are not reversible.

Mental Effects of Alzheimer's Disease

Alzheimer's disease is a disease that destroys the brain cells that affect memory functions. Intellectual, emotional, and behavioral abilities are affected with the progression of the illness. 20 to 30 percent of the population eighty-five years of age and older are affected by Alzheimer's disease. This means that for every one hundred adults, one adult will develop the disease. It is the fourth leading cause of death.

The first symptom in the early stage of Alzheimer's disease is a decreasing ability to remember daily events such as the dosage and type of medication taken earlier in the day or the name of the store shopped at only a few hours ago. This decrease in short-term memory is contrasted by clear long-term memory (events that took place many years ago). Other characteristics seen in the early stages of Alzheimer's disease are social withdrawal and apathy.

Both short- and long-term memories decrease with the progression of the disease. Abstract reasoning and judgement weaken. Difficulty handling money or comprehending reading materials, increased irritability, and a neglect of personal appearance become problems.

The later stages of the disease are identified by confusion and disorientation in relation to date, time, and other basic information such as place of residence or name of a place recently visited. Persons with later stages of Alzheimer's disease are characteristically moody, uncooperative, non-communicative, and will eventually be unable to care for themselves. The life expectancy for a person diagnosed with Alzheimer's disease is eight to ten years.

Needs of the Mildly Confused

The state of mind of a person who is mildly confused will vary. At times the person may talk quite normally, and at other times the same person may seem out of touch with reality, becoming confused and disorientated. The person in this state of mind is usually fairly easy to care for. The goal of the caregiver in this situation is to help the person who is mildly confused to do as much independently as possible. Judgement will have to be used when leaving this person alone or in an area in which the person may be harmed, such as near a stove or around matches. Often the mildly confused need only reminders to take care of themselves. Such reminders might include taking medication at proper times, doing advised exercises, sticking to a schedule or routine provided by a doctor, or sticking to a certain meal time. It is not the responsibility of the caregiver to give medication or feed this person a special diet; it is the responsibility of the caregiver to give reminders. Through these reminders, special attention, and a watchful eye, the caregiver is doing a great deal to minimize confusion and to keep the elderly person healthy.

Needs of the Very Confused

People who are very confused may have no sense of where they are or who they are, so they should not be left alone. A person in this state of mind may become disruptive, wandering, or change moods from one part of the day to the next. The caregiver can help people in this state of mind by providing frequent reminders of who or where they are, who some friends or family members are, or what activity they are to do next. Often people who are very confused will remember a great deal from the past and feel as if they are in it. The caregiver can best assist the very confused by reminding them about such things as not having to go to work, that friends from twenty years ago are not going to visit, or mention the name of a relative along with the current date and year to help slow or reverse some confusion.

Mental Changes

As was mentioned earlier, mental abilities do not decline as a result of aging, but response time generally slows down. In fact knowledge generally increases with age and the efficiency for remembering information will remain constant as a person ages. Studies show that the elderly are able to retrieve information as effectively as younger people. A variety of variables such as inadequate nutrition, illness, heredity, improper use of medications, disease, alcohol, or isolation may cause an elderly person to experience memory loss or become confused.

Memory Loss

When an elderly person experiences memory loss it is usually due to a lack of oxygen reaching the brain. Often this is caused from a stroke or because the brain's blood vessels have thickened from fat deposits. This can cause a change in the ability to use short-term memory as effectively. ***Short-term memory*** is the ability to retain information from a second to a few minutes. ***Long-term memory***, also known as secondary memory, is defined as retention from ten to twenty minutes. ***Very long-term memory*** includes memories from the distant past to recent events. When an elderly person's short-term memory has been affected, the individual is likely to forget recent happenings, and things from the past will be more likely to be remembered. The caregiver working with a person who has a slight memory loss is likely to hear stories from the past over and over again. This retelling occurs because the short-term memory has not allowed the person to remember what has been said. In this situation, the caregiver can best help by listening, being understanding, and talking about events that have recently occurred to help the person remember the present.

Confusion

When an elderly person starts showing signs of forgetfulness, short attention spans, wandering, incoherent speech, or not understanding what is being said, that person is becoming confused or disoriented. A doctor should be called to make the appropriate diagnosis. Confusion is not a happy dream state; it is a frightening state of mind. The caregiver can help minimize confusion by reminding the confused person of who they are, where they are, the time and day, and what is going on around them. Research on the causes and consequences of aging suggest confusion in certain situations may be treatable, reversible, and preventable. Some of the causes of confusion are presented in the following list:

- Isolation and a lack of social contacts
- Mental illness such as depression
- Fat deposits which thicken the blood vessels in the brain
- Low blood pressure or heart disease
- Hypoglycemia or low-blood sugar
- Thyroid or liver disease
- Destruction of brain or nervous system cells
- Poor nutrition from inadequate diet
- Diminished senses
- Drug reaction from too much medication or a unique response to a particular medication

Measures to Minimize Confusion of The Elderly

Dealing with confusion, disorientation, loss of memory, and possibly delusions will take patience and effort on the part of the caregiver. A technique known as ***reality orientation*** is designed to bring confused persons back to the present, and can be used by the caregiver as well as by family members. The following list contains some ways to carry out reality orientation to minimize confusion:

- Always call the person by name and remind the person of your name and names of others. For example say, "Good afternoon Mr. Ambrose. It's me, Judy. Your wife Elaine and your son Eric are here. They've come to visit."
- Keep visual reminders of the time and date where the person can easily see them. Large-faced clocks and calendars will help. The person could mark off days on a calendar that lead to special events such as Valentine's Day.
- If possible, hang or stand photographs of relatives where they can be easily seen. These will act as a reminder of everyday realities.
- If the confused person is on a schedule or routine, keep a large colorful list of daily activities in clear view.
- If possible, place the person's bed or favorite chair near a window so the changes of season and time of day can be seen. A person confined indoors can lose track of time from week to week, month to month, or even season to season. Remind the individual of the time of day or year.
- Hang a bulletin board for tacking up reminders of the real world. This may include pictures; cards from occasions such as a birthday or Christmas; or something showing the day of the week, date, year, next holiday, weather, or even an upcoming national event.
- Make directions simple. Use short sentences and give only one step at a time.
- Do not allow the confused person to just ramble occasionally; never pretend that the confused person is in a different time or place than where they actually are at the moment.
- Do not argue about what is real or imagined when a confused person distorts reality, as this will make them more anxious and add to the confusion. If the person makes statements such as "the mail carrier has a gun" or "he was trying to poison me," pick up on feelings that may be accompanying the words. An example of how to respond to these statements might be "You're frightened, aren't you?" or "You're angry, aren't you?"
- Be consistent, firm, and sincere in keeping a person in touch with reality.

Points to Remember

- ☐ Some mental disorders among the elderly are reversible and can be successfully treated.
- ☐ Alzheimer's disease is a disease that destroys the brain cells that affect the memory. Intellectual, emotional, and behavioral abilities are affected with the progression of the illness.
- ☐ The caregiver should always help a person who is confused to do as much independently as possible.
- ☐ An elderly person who is very confused should never be left unsupervised.
- ☐ Mental abilities do not decline as a result of age.
- ☐ The technique of reality orientation may help a confused person and can be used by anyone.
- ☐ Caregivers should always be consistent, firm, and sincere when working with those that experience confusion.

Words to Know

Alzheimer's disease
functional disorder
long-term memory
organic disorder
reality orientation
short-term memory
very long-term memory

Review

1. Describe the two types of mental disorders that the elderly might experience.
2. What symptoms can be observed in the early stages of Alzheimer's disease?
3. What symptoms can be observed in the later stages of Alzheimer's disease?
4. What can a caregiver do to help an elderly person who is mildly confused?

5. In what ways can a caregiver help a person who is very confused?
6. What usually causes memory loss among the elderly?
7. List five factors that can cause a change or decline in mental abilities.
8. Define short, long, and very long-term memory.
9. What is confusion like for an elderly person?
10. What causes confusion in an elderly person?
11. What is reality orientation? Who can use it?
12. What are six ways of implementing reality orientation?

8

Social Needs of the Elderly

ESSENTIAL ELEMENTS

☐ Explain social needs and psychological needs of the elderly.(n2A)

☐ Determine appropriate methods to meet the social and psychological needs of the elderly.(n2B)

OBJECTIVES TO ACHIEVE

☐ Summarize the theories associated with the social changes of aging.

☐ Explain ways in which social changes may affect the elderly.

☐ Explain the importance of fulfilled social needs among the elderly.

☐ Identify ways to meet the social needs of the elderly.

☐ Describe the various types of social roles important to the elderly.

☐ Identify ways in which the elderly can adjust to social changes by becoming involved.

☐ Explain how the caregiver can help the elderly person adjust to social changes.

During the experiences of life, people are usually expected to perform many different social roles under various circumstances. These may include the role of spouse, parent, grandparent, friend, employee, or active church member. As people age there is a gradual reduction in these social roles, and the feelings of alienation or of not belonging may result. The caregiver can be of great help by encouraging participation in or even helping provide social activities for the elderly.

IDENTIFYING SOCIAL NEEDS OF THE ELDERLY

As the elderly become involved in social activities, their social roles grow which in turn leads to lives filled with meaning and purpose. This philosophy of social change supports the activity theory rather than the disengagement theory, both of which are well-known.

The ***disengagement theory*** explained the social changes of the elderly as a gradual separation from family, friends, and the community to better prepare for the final separation in life which is death. It was believed that this was a voluntary action for all persons involved. Grown children would no longer need the parents and the parents would gradually become less interested in the activities of their offspring. Society would no longer need the retired worker or a semi-active homemaker and the elderly would become less interested in what occurred in society, This theory of disengagement is questioned by the activity theory.

The ***activity theory*** explains social changes by stating that the people who age the most successfully are those who maintain a high degree of involvement in life. This theory supports the view that although some reduction in activity is expected with age, most elderly individuals maintain a stable level of activity throughout life. Declines in activity are associated with lower levels of satisfaction, contentment, and happiness. This theory also supports the idea that when given a choice, the elderly person wants to be involved in activity and resists the decline of his or her social world. Elderly persons have an inner desire to maintain the activities that they may be forced to give up due to losses that occur with aging.

MEETING SOCIAL NEEDS OF THE ELDERLY

People of all ages, especially the elderly, need to feel as if they belong and are needed so that life can be filled with meaning and purpose. As people become involved and remain active in social activities, their social roles increase. ***Social roles*** are the ways individuals are expected to behave in certain situations or under circumstances involving people. Since these roles are based on interaction with others, the elderly who are the most socially active will have the greatest number of social roles.

Many times the social roles of the elderly will decrease as they experience losses in friends, family responsibilities, or even a spouse. The caregiver can often help an elderly person replace roles that may have been lost by encouraging involvement in new activities such as organizations, volunteer programs, or community projects.

Studies have shown that people who remain socially active keep a young spirit and stay mentally alive through being involved. Some social roles may last from young adulthood throughout the elderly years, but will undergo changes as time progresses. The types of roles that give meaning to life in the elderly years are those involving relationships with family, friends, and memberships in various social, religious, or even political organizations. Listed below are descriptions of each.

Friendships. Many times friends are considered to be less important than relatives, but because of the nature of friendships many elderly people value the relationship of friends more than their relatives. Elderly people tend to have friends who have similar interests and values. They often meet them in community centers. Support, information, and entertainment of the friends of the elderly help contribute to feelings of self-worth and belonging. Friendships are especially important for elderly persons because they can help cushion the loss of loved ones, physical deterioration, and other stresses of aging.

Organizational Memberships. Many elderly persons receive a great deal of personal satisfaction, a sense of identity, and status from belonging to formal social organizations. The business or work-related organizations that elderly people were involved in before retirement usually become less important in later life, and social organizations become more important. Many healthy, outgoing people remain actively involved well into their seventies, eighties, and nineties.

Religious Involvement. Studies have shown that there is a larger percentage of elderly people involved in religious organizations, prayer, or scripture reading groups than younger people. As people age their church attendance usually increases. Most of today's elderly grew up in families that were centered around church community life. Religious beliefs were the foundations on which families were built. Religion has remained an important part in the lives of the elderly and they receive great comfort from it. Many elderly also remain involved in religious commitments and activities because it gives them a sense of belonging.

Political Involvement. Over six million elderly Americans belong to local, state, and national organizations. It is their way of responding to the challenge of fighting back against their public image and exploitation, as well as fulfilling a need for companionship with a purpose. The following is a list of major political action groups in which more elderly are becoming involved:

- American Association of Retired Persons (AARP)
- National Council of Senior Citizens (NCSC)
- Gray Panthers Project Fund (GPPF)
- National Alliance of Senior Citizens (NASC)
- National Caucus and Center on Black Aged, Inc. (NCBA)

SOCIAL ADJUSTMENTS

The caregiver can best help an elderly person adjust to changes in social roles and activity by helping that person remain involved in a relationship, organization, or activity. In oriental societies, the elderly are highly respected. In European families the decision makers are the grandparents and great-grandparents of the house. In many American households and communities, the elderly are also valued. The elderly have much to give and are very knowledgeable as a result of their life experiences. Listed below are ways in which the elderly can adjust to changes in social activities and roles by becoming involved.

Service Projects. If elderly individuals are confined to a bed or wheelchair, they can stay involved by helping their communities through the following ways:

- Telephone reassurance—making daily phone calls to other elderly people who live alone
- Storytelling—having weekly storytelling hours for neighborhood children
- Writing—researching and recording a town's history for a local paper or writing a weekly column from an "elderly person's point of view"
- Political Activities—this may include addressing campaign literature or making phone calls to encourage voter registration

Social Groups. Many communities have social groups and clubs for the elderly. Most local senior centers can provide a list of what is available in the area. Many clubs and groups fall into the following areas:

- Bible Study
- Cards and Games

- Crafts
- Gardening
- Hobbies
- Modified Sports
- Reading Circles
- Volunteering

Religious Activities. Devotion and prayer are major parts of many elderly people's lives. If an elderly person is unable to leave the home or facility where he or she lives, local clergy usually have suggestions for ways in which the congregation may be of assistance. There is often a need for assistance in making phone calls and mailing church literature. For the elderly who are more mobile, there are Bible study groups and church, parish, or temple activities.

Local School Involvement. Class or room grandparents are becoming a growing trend in many schools. Elderly people can be of great service to schools by helping with parties, attending recitals or plays, tutoring, providing help with reading, or being a pen pal to help better student's writing skills.

Social Events. Many elderly persons enjoy giving or going to parties. It gives them a chance to socialize with those that they do not see everyday. Some elderly enjoy preparing the food or decorating the table or room for the party as much as attending. The elderly make great storytellers at children's parties and enjoy the honor.

Writing Activities

If the elderly person is unable to write letters, the caregiver can assist with correspondence by writing letters to family and friends as the elderly person dictates the letter. If the elderly person prefers to talk a letter into a recorder, the caregiver can help the elderly person keep a birthday file so friends and relative are not forgotten. The elderly person that enjoys the correspondence from others should be reminded that one way to receive more mail is to write more letters.

Telephoning and Taking Messages

The caregiver may be asked to assist the elderly person with making telephone calls or taking messages. The caregiver should check with the individual or the facility where employed to find out exactly the phone should be answered. Then the caregiver should follow the basic guidelines of telephone etiquette.

The elderly person with impaired vision or muscle coordination or arthritic fingers may appreciate the independence created when enlarged keys and numbers are placed on the telephone. The enlarged keys fit directly over the standard touch keyboard of the phone. They are attached directly to the phone by adhesive pads.

Entertaining

The elderly person who enjoys social activities at home may want help with the preparations for entertaining at home. The caregiver should follow the wishes of the elderly person when organizing and making plans for the social function. Entertaining calls for careful organization. With limited time, an oven dinner (pot roast, chicken, Swiss steak) that requires little last minute preparation, a tossed green or gelatin salad that can be prepared in advance and stored in the refrigerator, and a simple dessert (purchased if possible) would provide an attractive and tasty meal with a minimum of work. The food choices would be dependent on whether the elderly person or guests were on a restricted or nonrestricted diet.

Points to Remember

☐ Elderly people need to belong and to feel needed for their lives to be filled with meaning and purpose.

☐ Elderly persons who remain socially active are more likely to be young at heart.

☐ Most elderly people want to be actively involved and resist the decline of their social world.

☐ Elderly persons need to find substitutes for activities that have to be given up to maintain levels of contentment, satisfaction, and happiness.

☐ There are many ways in which the elderly that are bedridden or confined to a wheelchair can be socially active.

☐ Caregivers can assist the elderly with correspondence by writing letters, using a recorder, and keeping a birthday file.

☐ The caregiver may be asked to assist with making telephone calls or taking messages.

☐ The caregiver should follow the guidelines of telephone etiquette when making calls or taking massages for the elderly person.

☐ Enlarged keys and numbers placed on the telephone will give greater independence to the elderly person with impaired vision or muscle coordination or arthritic fingers.

☐ The caregiver may be asked to help with the preparations for entertaining in a private home.

Words to Know

activity theory
disengagement theory
social roles

Review

1. Explain the disengagement theory.
2. Explain the activity theory.
3. What are social roles and why are they important?
4. Describe four types of social roles important to the elderly.
5. What could happen if an elderly person experienced an increase in activity? a decrease in activity?
6. How can a caregiver best help an elderly person adjust to social role changes?
7. Describe two ways in which an elderly person confined to a wheelchair or bed can stay socially involved.
8. List four social groups or clubs in which an elderly person may become socially involved.
9. How can the elderly become involved with local schools?
10. Why are social events important to the elderly?
11. How might the caregiver assist an elderly person with correspondence?
12. Who will benefit from the telephone with enlarged keys and numbers?
13. How might the caregiver assist an elderly person with entertaining at home?

9

Housing Considerations of the Elderly

ESSENTIAL ELEMENT

☐ Contrast alternatives to home health care.(n4B)

OBJECTIVES TO ACHIEVE

☐ Explain how housing alternatives available to the elderly affect the duties of the caregiver.

☐ Identify considerations of the elderly when choosing appropriate housing.

☐ Describe the different housing alternatives available to the elderly.

☐ Identify the advantages and disadvantages of each of the housing alternatives.

☐ Give examples of special design features that can be incorporated to aid the elderly in their homes.

Housing needs for the elderly will change as their personal situations change. An elderly individual or couple living in a once fully occupied two or three bedroom house may need more manageable living quarters; physical incapacity may require a setting with built-in services; and changing neighborhoods may require a move to an area where the elderly can continue to maintain independent living.

Several housing alternatives are available to the elderly, ranging from totally independent living arrangements to arrangements for the most sheltered housing. Each type of housing has its advantages and disadvantages.

Safe and suitable housing is important to all persons, but it is even more significant to the life of an elderly person. Security is crucial to the maintenance of morale and feelings of independence that characterize successful aging. Special design features can be incorporated into housing for the elderly that will enable them to manage their own activities much more successfully.

HOUSING OF ELDERLY AFFECTS DUTIES OF THE CAREGIVER

Housing alternatives available to the elderly also affect the various duties of the caregiver. For example, helping to plan and cook meals will often be necessary in a private home, but in a retirement village or long-term care facility, meals are often prepared by the facility or eaten out. Also, activities are usually planned in a retirement home, whereas in a private home the caregiver is responsible for helping to plan and organize activities. Sometimes a deciding factor in selecting housing is the availability of transportation. Transportation is often provided for in retirement communities or long-term care facilities, whereas the caregiver working in a private home or condominium must make arrangements for transportation if the elderly person is unable to drive.

CONSIDERATIONS OF THE ELDERLY WHEN CHOOSING HOUSING

Home ownership is one of the principal investments of elderly persons. The accumulated value of invested funds in a home beyond the total amount owed is known as ***equity***. Approximately two-thirds of the elderly own their own homes and have substantial equities built up. As long as the elderly are able to care for their homes, most enjoy the privacy, familiarity, and comfort they provide. Many elderly persons still live in the homes in which they raised their families although the homes are often too large and expensive for the elderly to maintain. Frequently, older houses are in need of repairs, and too often the owners cannot afford to have the repairs made and often lack the physical ability to make the repairs themselves. It has been increasingly difficult for the elderly on fixed incomes to maintain private residences because of rising costs of home repairs, property taxes, and utilities. Although most states give a property tax break to senior citizens, housing and related costs are still too much for many elderly people to handle with retirement incomes. It often takes severe problems, such as loss of a spouse or serious physical problems, before elderly persons will move voluntarily from their private residences.

The time to give careful thought to the growing number of housing choices available is before an emergency or crisis forces a decision. Some personal reasons the elderly have for staying in the same living arrangements include the following:

- Expenses of present home are not a strain on their budget, and they can meet them in the future.
- They do not expect the property taxes to increase drastically in their neighborhood.
- The house does not require expensive maintenance work and the utility bills are reasonable.
- If they rent, they do not expect the rent they are paying to increase beyond their ability to pay.
- The climate in the present location is good.
- The neighborhood provides social and cultural activities in which they are interested.
- They are near shopping centers, their place of worship, and recreational activities of interest to them.
- They are near their doctors and medical facilities, as well as other professional services they use or need.
- The neighborhood is well-maintained and not likely to diminish in quality or value.
- They have friends nearby and the neighborhood is quiet, pleasant, and friendly.

Some personal reasons why elderly persons may want to move include the following:

- Their present housing expenses are excessive and will further increase.
- The house is difficult and expensive to maintain.
- The house is too large and takes too much work to keep clean.
- It costs too much to heat or cool and the yard requires too much upkeep.
- The house is inconvenient.
- There are too many stairs to climb.
- The bathroom, laundry, or storage areas are poorly located.
- The weather is too severe and keeps them indoors too often.
- The neighborhood is ***deteriorating*** or diminishing in quality or value.
- There is too much noise.
- They live too far away from shopping centers, place of worship, and recreational activities.
- They live too far away from doctor or medical facilities and emergency help is not readily available.
- The neighborhood does not provide opportunities for the activities that interest them.
- Their children and friends have moved away and they want to be closer for companionship.

The elderly person will have to weigh the advantages and disadvantages of moving or staying. For many elderly persons, home ownership is an aspiration that has been pursued and accomplished. Home ownership provides a sense of satisfaction and permanence that some find lacking in rental arrangements. For others, renting an apartment may be the ideal choice. They feel there are less worries and responsibilities as they are free from maintenance chores and expenses. Smaller living space means less housekeeping. Some advantages and disadvantages of renting an apartment or owning a home are listed below:

Advantages of Renting an Apartment
- freedom to move or travel
- no maintenance
- predictable expenditures
- appliances provided
- less insurance needed
- no outside upkeep
- ***proximity*** or nearness to other people

Disadvantages of Renting an Apartment
- no equity
- crowded feeling
- noise from other apartments

Advantages of Owning a Home
- build up equity
- privacy
- roominess
- income tax deductions
- place for a garden or yard

Disadvantages of Owning a Home
- increasing costs
- constant upkeep
- change in neighborhood

According to the U.S. Census Bureau, the large majority of elderly people live in rural areas, small towns, and the poorer sections of cities. Only about 5 percent live in long-term care facilities or other institutions. Approximately two-thirds of elderly men, but only one-third of elderly women, live with their spouses since more women outlive their mates. For the same reason, elderly women live alone or with a nonrelative more often.

Housing is not just a roof over a person's head—it is a lifestyle. The elderly should take a good look at their housing situation and determine if it is the best for them.

HOUSING OPTIONS FOR THE ELDERLY

At some point in time, an elderly person may, for one reason or another, have to change living arrangements. Some of the changes in living arrangements might even involve relocating to a different town or state. Factors such as illness or financial difficulties can influence housing decisions. This section contains specific information about housing options available for consideration by the elderly. Some housing options specifically address special needs that some of the elderly might have.

Retirement Villages or Communities

Retirement villages for the elderly offer a totally independent lifestyle in an organized setting. Retirement communities differ greatly, incorporating a wide range of housing options geared primarily to the elderly. A retirement community may be an entire new town, a subdivision, or just one high-rise apartment building. A variety of housing designs and arrangements are available as well as a number of agreements regarding financial commitments. According to the American Association of Retired Persons (AARP), the majority of all retirement communities consist of apartment units, 15 percent are mobile home communities, and less than 2 percent are single-family dwellings.

The cost of living in a retirement community varies with the housing and activities provided. They are usually more expensive than regular apartments or other units in the community. Residents can rent and pay a monthly fee or they can purchase a dwelling in the community.

In addition to providing shelter and security, retirement communities tend to stress a variety of recreational and social activities and considerable peer mixing. The activities frequently offered include golf, tennis, swimming, potluck suppers, card games, cookouts, exercise classes, and dancing. In addition to these programs many communities offer health services. Frequently shopping centers and churches are conveniently located within the community itself. Transportation is often provided to shopping centers and social events outside the community.

The majority of elderly people living in retirement villages are satisfied with their lifestyles and ***environments*** or surroundings. Many find renewed interest in life through community activities or programs and delight in making new friends.

For a few elderly people, there are negative reactions to retirement villages. Making an adjustment to the new environment is sometimes difficult, old friends and family are frequently missed, and the lack of variety with people of different age groups bothers some residents.

Condominiums

In this type of housing, an apartment or unit is purchased within the framework of a high-rise apartment building or a complex of buildings. Many complexes include recreational areas and equipment, such as swimming pools, tennis courts, and exercise facilities. Owners are responsible for both the mortgage payments on their living units and taxes on the property. After the initial purchase price, the buyer is required to pay monthly maintenance charges. These charges cover trash collection, gardening, snow removal, building repairs, staff wages, and utilities that are not individually metered.

Many decisions for condominium owners are made by an elected board of directors. They decide when to paint the exterior of homes, make repairs, mow the lawn, and whether owners can keep pets. It is important for the elderly to consider whether they are willing to accept somewhat restrictive rules before purchasing a condominium.

Before buying a condominium, the elderly person should make sure that the corporation being dealt with is credible. The credit rating of the corporation can be checked through a bank, lawyer, or Realtor.

Adult Foster Homes

Adult Foster Homes are community based residential homes regulated by the state that provide 24-hour care for elderly and disabled adults. Elderly and disabled persons must apply for and meet certain criteria to prove eligibility for adult foster care. General criteria include the following:

- applicant meets financial and functional eligibility
- applicant is not able to live independently due to physical, emotional, or mental limitations
- daily nursing care not required by applicant
- relatives of applicant are unable to provide shelter or care to applicant

Primary caregivers of adult foster homes live in and share a common area with those in their care. Assistance with activities such as bathing, dressing, and transportation are provided. Elderly and disabled persons living in foster homes pay caregivers for room and board, and the Department of Human Services pays caregivers for supervision and services given to the elderly and disabled residing in their homes. Adult Foster Homes and caregivers must meet minimum standards pre-established by the state and are subject to monthly evaluations and inspections as well. Certified homes serve one to three adults and licensed homes serve four to eight adults.

Shared Housing

Shared Housing provides adequate, affordable housing for the elderly. Usually two or more unrelated individuals share a house, and all have their own bedroom or private space. The house is usually owned by a public or private agency rather than by any one resident.

Monthly rental fees vary depending on what tasks are done by the residents and what tasks are done by the house management. In some situations a resident may only pay the rent. In other situations, resident involvement can include responsibility for property maintenance, housekeeping, finances, and resident selection, all of which can be exchanged for rent. Regardless of the arrangement, when responsibilities and finances are shared by several people, the expenses are significantly reduced for each individual.

Mobile Homes

According to the AARP, mobile homes account for one out of every three homes sold in the United States, which is not surprising. Mobile homes are affordable, energy efficient, and well constructed. Since 1976, all manufactured homes sold in the United States have been subject to the construction, durability, and safety requirements of the Department of Housing and Urban Development. Financing a manufactured home is still somewhat more difficult than financing other kinds of housing, but the situation is improving. Traditionally, manufactured homes have been financed on a retail installment contract arranged through the manufactured home retailer. Everything has been included in the purchase price—the home, its furnishings, delivery, and siting (with land costs extra). The down payment is generally 15 to 20 percent of the purchase price.

Although manufactured homes may be sited on single rental or owned lots, subdivisions and condominium developments of mobile homes are increasing in popularity. These kinds of communities often cater to the elderly population. They are appealing because of the social and recreational facilities they often offer. Many communities provide a swimming pool, walking and cycling paths, shuffleboard courts, and a clubhouse.

Planned communities with rental sites usually range in size from as few as fifteen sites to one thousand or more. Monthly rental rates can be high in cost to low in cost depending upon the number of facilities, conveniences, and activities available in the community. Basic communities to luxurious communities are available.

Low-Income Housing

Housing and Urban Development (HUD). Since 1962, the Department of ***Housing and Urban Development*** has attempted to provide for the special needs of the elderly. Through various programs, the Department provides federally sponsored, age-segregated public housing units; rent supplement programs; mortgage insurance; and other housing assistance programs.

Each program has its own eligibility requirements with regard to income, age, current housing conditions, and other pre-determined factors. In order to receive assistance, individuals must contact the owner or manager of the housing project in which they wish to live, or the mortgage company they wish to handle a loan. The owners/managers will then make application to the HUD offices to service the requests of the individuals.

ECHO Housing. ***Elder Cottage Housing Opportunity (ECHO)*** is a housing arrangement that offers elderly persons an opportunity to live within close proximity to individuals who can help them maintain independence and privacy. An ECHO house is a separate, self-contained unit installed in the side or backyard or an existing family home. This type of housing permits closeness without sacrificing self-reliance.

Since ECHO homes are removable and reusable they are usually produced as manufactured housing. Most elderly homeowners can easily purchase an ECHO home with the money from the sale of their mortgage-free home and have additional cash leftover to invest as well.

Long-Term Care Facilities

Long-term care facilities give protective, personal, and custodial care to the elderly who are dependent but still functioning at a good level. They are usually operated by ethnic, religious, professional or labor organizations, and by private interest. According to AARP, only about 5 percent of the nearly twenty-eight million Americans older than sixty-five live in long-term care facilities.

The quality of long-term care facilities varies greatly, depending on the type of facility. Long-term care facilities range from private skilled nursing facilities to institutions staffed with personnel requiring minimum training. Most long-term care facilities provide complete food service, planned social activities, and on-site medical facilities.

Caregivers of elderly persons who are in need of long-term care can sometimes locate individuals who provide 24 hour caregiving services in their own homes. Private individuals will generally accept one to three elderly persons depending upon personal preference, amount of available space, and number of assisting caregivers. Caregiving services in private homes can be similar to the care provided in adult foster homes or can be specialized, detailed, and customized according to the needs and desires of the elderly person.

Care provided in private homes is not regulated by and does not receive financial support from the Department of Human Services nor is care reserved for low-income, disabled elderly persons as in adult foster care. Details concerning the quality, cost, and level of care are usually worked out between the provider and the person considering that private home facility. These private facilities may or may not be licensed.

Living With Relatives

The U.S. Census Bureau reports that less than one-third of the elderly share the homes of younger family members. It is usually a difficult decision for an elderly person to move in with younger family members. The elderly often feel that they are intruding on family members. Interpersonal relationships can grow when the elderly person is allowed to share in the work-load and chores and when both the elderly person and the family unit have opportunities to function independently.

Each family member should have the opportunity to participate in private social occasions and to entertain his or her own friends.

SPECIAL DESIGN FEATURES FOR THE HOME OF THE ELDERLY

Sometimes elderly persons will want to make smaller changes in their home to increase their ability to move around and do routine household activities. Grab bars and handrails, seats in the bathtub or shower, and lever handles, rather than hard-to-grip round door knobs, may make the home more suited to their needs. Even expensive changes, such as enlarging doorways to allow wheelchair access or installing a shower that can accommodate a wheelchair, can sometimes be more economical than moving.

Any special features that are incorporated to aid the elderly in their homes should be as inconspicuous as possible to avoid an institutional atmosphere. Special design features that might be adapted to the home of an elderly person include the following:

- Single-story or ground floor residences are best for persons with limited mobility.
- Doors and passageways should be wide enough to accommodate a wheelchair if the need arises. ***Thresholds*** or doorsills should be eliminated.
- Floor finishes of the non-slip variety should be utilized for safety.
- Sliding doors and lever handles are easier for those who suffer from arthritis to manipulate than door knobs.
- Large expanses of glass and numerous windows are particularly beneficial because visual capacity is best in natural light. However, this increases the cost of heating and cooling .
- Artificial lighting should be increased and uniformly distributed. People over sixty need twice as much illumination as do younger age groups.
- Glare should be eliminated as much as possible because it has an adverse effect on the vision of the elderly. The use of glare-resistant glass could serve to diminish the problem.
- Strong contrasting colors and textures could aid in depth perception on the part of those with vision impairments.
- Shelves should be no lower than eighteen inches above the floor, and no higher than sixty-three inches.
- Open storage shelves, revolving and pull-out shelves, pegboards, and magnetic catches are recommended.
- Electrical outlets at table level prevent bending over.
- Readily washable surfaces with no dust-catching projections are especially conducive to easy maintenance.
- Bathrooms need to be equipped with grab bars.
- Showers are generally preferable to bathtubs from a standpoint of safety.
- Commodes should be slightly higher than normal.
- Garden plots, porches, or balconies are important for potted plants and recreational features.

Points to Remember

- ☐ Safe and suitable housing is important to all persons, but is even more significant to the life of an elderly person.
- ☐ Housing alternatives available to the elderly affect the various duties of the caregiver.
- ☐ Elderly persons' decisions about their housing environments are based on considerations such as individual preference and needs, location with regard to services needed by the elderly, availability and condition of accommodations, proximity to social and recreational activities, and proximity to relatives and peers.
- ☐ Most elderly persons prefer to live in familiar surroundings and prefer being self-directed as long as possible.
- ☐ The time for the elderly to give careful thought to the growing number of household choices available is before an emergency or crisis forces them into a decision.
- ☐ Home ownership provides a sense of satisfaction and permanence for some elderly persons. Others prefer renting because they feel there are less worries and responsibilities.
- ☐ Several housing alternatives are available to the elderly ranging from totally independent living arrangements to arrangements for the most sheltered housing.
- ☐ Home ownership is usually one of the elderly person's principal investments.
- ☐ Approximately two-thirds of the elderly own their own homes.
- ☐ Retirement villages for the elderly offer a totally independent lifestyle in an organized setting.
- ☐ A condominium is an apartment or unit that is purchased within the framework of a high-rise apartment building or a complex of buildings.
- ☐ Adult Foster Homes are community based residential homes regulated by the state that provide 24-hour care for elderly and disabled adults.
- ☐ Shared housing provides adequate, affordable housing in which two or more unrelated individuals share the house.
- ☐ Mobile homes account for one out of every three homes sold in the United States.

☐ An ECHO house is a separate self-contained unit installed in the side or backyard of an existing family home.

☐ Only about 5 percent of the nearly twenty-eight million Americans older than sixty-five live in long-term care facilities.

☐ Less than one-third of the elderly share the homes of younger family members.

☐ Special design features can be incorporated into housing for the elderly that will enable them to manage their own activities much more successfully

Words to Know

Adult Foster Homes
deteriorating
Elder Cottage Housing Opportunity (ECHO)
environment
equity
Housing and Urban Development (HUD)
proximity
retirement villages
shared housing
thresholds

Review

1. How can satisfactory housing be attained by the elderly?
2. What are four things to consider in choosing appropriate housing for the elderly?
3. How do different housing alternatives for the elderly affect some of the duties of the caregiver?
4. What is usually one of the elderly person's principal investments?
5. Approximately how many elderly persons own their own homes?
6. When is the best time for the elderly to make a decision on their housing situation?
7. What are both the advantages and disadvantages of renting? of owning?

8. List some personal reasons that the elderly have for staying in their same living arrangements.

9. List some personal reasons the elderly have for moving from their living arrangements.

10. Discuss the advantages of living in a retirement village or community.

11. What information should an elderly person obtain before purchasing a condominium?

12. For which group of elderly persons is adult foster care available?

13. What is meant by shared housing?

14. Why do mobile homes account for one out of every three homes sold in the United States?

15. Name two types of low-income housing and describe how they differ.

16. Discuss the positive aspects of living in a long-term care facility.

17. What percentage of the elderly live with relatives?

10

Transportation

ESSENTIAL ELEMENT

☐ Determine strategies for facilitating self-help.(n3G)

OBJECTIVES TO ACHIEVE

☐ Point out why transportation is often a problem with the elderly.

☐ Explain legal responsibilities when driving.

☐ Point out the different types of public transportation.

Transportation for the elderly often represents a major problem. Some elderly live in urban areas and mass transit services are inadequate for their needs such as shopping, getting to doctors' offices, or the hospital. As elderly people age, many become less mobile and are no longer able to meet requirements for a driver's license. The inadequate transportation also hinders them from engaging in comparative shopping or shopping at stores having sales. Elderly persons are often forced to shop at neighborhood stores where the prices may be higher. Caregivers can assist the elderly with transportation needs by chauffeuring them to and from such things as appointments, such places as stores, and by suggesting public transportation if it is available.

LIABILITY ON THE ROAD

When driving is part of the job, caregivers have a special responsibility. Caregivers may operate their own personal car, the elderly persons's car, or a car or van provided by the care facility. Before operating any vehicle, the caregiver must possess a valid driver's license. In addition, the vehicle must be registered and insured. According to the Department of Public Safety, if the caregiver is driving his or her own personal vehicle and has an accident, the caregiver is ***liable*** for any damages. The term liable refers to being legally responsible. If the caregiver is driving the elderly person's automobile and has an accident, both parties are liable for any damages or injuries.

PUBLIC TRANSPORTATION

Since elderly individuals have a more difficult time meeting the requirements for a driver's license or simply do not care to drive, they often depend upon public transportation more than other age groups. There are various types of public transportation, such as taxis, buses, trains, planes, and ships. Depending upon factors, such as one's destination and length of time available, these methods of transportation may provide adequate services for the elderly.

City Buses

City buses usually operate on a fixed route and schedule. Depending upon the development of this form of mass transit, buses may provide adequate transportation for the elderly. However, this form of transportation may be uncomfortable, such as hot in the summer and cold in the winter, and may create an inconvenience, such as no routes to where the elderly person desires to visit or many transfers to reach the destination. Discounts are sometimes available for senior adults and should be researched. Discounts for public transportation are available to persons over sixty-five and sometimes to persons over sixty. All elderly people qualify for the discounts regardless of their incomes.

Taxis

Taxis are the most common type of public transportation. Although taxis provide convenience of pick up and delivery at any destination, the services may prove costly, especially if there is a great distance to travel or if many trips are required. Some communities have established discount prices for elderly citizens using the city taxi systems. Some communities have a dial-a-cab or dial-a-bus service for the elderly, and a telephone call in advance brings transportation to the door. Costs are minimal because this special transportation for the elderly is usually partly supported by the state.

If elderly persons ride on public transportation, they should follow the suggestions listed below:

- Remain alert and brace selves when a bus is slowing down or turning.
- Watch for slippery pavement and other hazards when entering or leaving a vehicle
- Have fare ready to prevent losing balance while fumbling for change.
- Avoid carrying too many packages, and always leave one hand free to grasp railings.
- Allow extra time to cross streets, especially in bad weather.
- Wear light-colored or fluorescent clothing and carry a flashlight at night.

The caregiver should encourage the elderly person to follow these suggestions for riding on public transportation.

Transportation Services

Transportation services are often offered through local governments, churches, and other groups. Along with the transportation services, the groups usually offer volunteer drivers who will chauffeur the elderly to visits with doctors and other health-related trips, as well as other necessary expeditions. In some communities, the local chapter of the Red Cross offers transportation for the elderly to doctors, clinics, and rehabilitation services.

Many communities have vehicles such as health cabs, medicabs, or invalid coaches into which a wheelchair can be directly rolled. The vehicles are usually equipped with automatic steps or lifts so the person with the disability can enter the vehicle without having to make any climbing movements. These vehicles are often offered through the Red Cross, hospitals and rehabilitation centers, or by a volunteer ambulance corps.

Other Transportation

Various other means of transportation may be suitable for meeting the elderly person's needs, such as charter flights and bus passes.

This is particularly true if the elderly consumer is planning a trip. Group tours that are organized especially for senior citizens and cater to their needs appeal to many elderly individuals. The national associations of elderly people organize a variety of group tours that fit a range of budgets and personal tastes. A unique advantage is that the tours are planned for the slower pace usually preferred by elderly individuals. The tours also allow plenty of time for rest and refreshments. Tours for the elderly include both day and week or longer trips. For the elderly person that can afford the expense by plane or cruise ships, world trips may offer new experiences. Reduced-fare charter flights and package tours by plane or bus can make domestic and foreign travel a reality for the elderly person.

Bus companies sometimes offer discount rates for various travel plans. Amtrack provides a toll-free number for information and reservations. Many sight-seeing tours by bus are also offered to the elderly at special rates.

Travel trailers and campers offer the elderly person a relatively inexpensive way to travel across the country—enjoying the outdoors, sight-seeing, and visiting friends and relatives. Many privately owned camper parks, as well as state and national parks, offer discount rates to senior citizens as they travel around the country.

Points To Remember

- ☐ Before operating any vehicle the caregiver should possess a valid driver's license, be insured, and make sure the vehicle is registered.
- ☐ The elderly usually depend upon public transportation more than other age groups.
- ☐ Transportation services are offered through local governments, churches, and other groups to chauffeur the elderly to visits to doctors and other health-related trips as well as other necessary expeditions.
- ☐ City buses usually operate on a fixed route and schedule.
- ☐ Taxis are the most common form of public transportation.
- ☐ Various types of travel and tour groups meet the needs of elderly to travel and participate in new experiences.
- ☐ Travel trailers and campers offer the elderly person a relatively inexpensive way to travel across the country.

Words to Know

liable

Review

1. Why is transportation often a problem for the elderly?
2. What are the advantages and disadvantages of public transportation?
3. Discuss the types of transportation available to the elderly.
4. What might be the differences between a trip organized for a group of elderly persons versus a trip planned for other age groups?

11

The Elderly in the Marketplace

ESSENTIAL ELEMENT

- ☐ Determine strategies for facilitating self-help.(n3G)

OBJECTIVES TO ACHIEVE

- ☐ Identify guidelines for helping the elderly purchase clothing.
- ☐ Identify guidelines for helping the elderly purchase food.
- ☐ Point out the parts of a nutritional label.
- ☐ Demonstrate how to calculate the unit price of a product.
- ☐ Identify guidelines for helping the elderly purchase personal and household items.
- ☐ Point out ways the caregiver can assist the elderly with personal responsibilities.

The elderly are particularly susceptible to the pressures of the marketplace. The marketplace of today offers an increasingly large and more complex number of alternatives than that of earlier generations. The caregiver can assist the elderly in making wise choices when purchasing clothing, food, personal items, and household supplies.

CONSUMER PRACTICES

The increase in size of marketing systems results in a decrease of personal interest in the consumer. It becomes particularly significant to increase the awareness of the elderly person, who wishes to participate effectively in the consumer market, to these changes.

Clothes Shopping Guidelines

Simple, classic clothing styles usually have a longer fashion life and are therefore better bargains. Quality clothing produced from good workmanship will last longer and should be purchased during the respective "bargain seasons" when they can be obtained at substantial savings. Refer to Chapter 13 for more clothing information.

Deciding where to shop for clothing depends on factors such as the type of clothing item needed, the amount of money available to spend, and the availability of the clothing item needed. Aside from the conventional places to shop for clothes, such as malls and shopping centers, there are other alternative places to purchase clothing such as the following:

- economical clothing stores such as variety stores, mail-order houses, discount stores, factory outlet stores, thrift and consignment shops, and high-fashion discount stores
- second-hand clothing markets which often have minor defects and can be obtained at a greatly reduced price
- garage sales to find clothes for daily wear

Food Shopping Guidelines

Food is one area in the budget that can increase or decrease spending quickly in relation to the amount of money available. The caregiver can assist the elderly person in ways to spend available money to get the most and best food. The following are food shopping guidelines for the elderly:

- Shop once a week from a list. Do not pick up extra items.
- Shop for sale items and use coupons.
- Stock up on a good bargain if money is available and item will be used.
- Try to buy seasonal things when they are in season.
- Compare meat prices by comparing cost per serving instead of cost per pound.
- Compare prices on different brands and sizes. Private or store brands are frequently produced by manufacturers of nationally advertised brands and can be as much as 15 percent cheaper.
- Try to allow adequate time for shopping, so decisions do not have to be hurried. Try to shop at less crowded times; often morning and mid-afternoon are best during the week.
- Watch as the clerk rings up purchases. Stop the clerk and check if overcharging is noticed.
- Ask for a ***raincheck*** if a store is out of an advertised special, so the product can be purchased at the same price when it is restocked.
- Return all faulty products to the store.

Product Labels and Packaging

Labeling. Nutritional labels are found on a panel printed on the packages of food products. The new labels, titled *Nutrition Facts,* were first introduced by the U.S. Department of Agriculture (***USDA***) and the U.S. Department of Health and Human Services (***HHS***) in January of 1993; and went into affect in May of 1993. Food labeling is regulated by two different federal agencies. USDA's Food Safety and Inspection Service (***FSIS***) regulates the labeling of meat and poultry food products and the HHS's Food and Drug Administration (***FDA***) regulates all other food products. FSIS required mandatory compliance by July of 1994, and the FDA required compliance by May of 1994.

The new food labeling regulations expand on mandatory nutrition labeling, define reference amounts, provide a new label format, require a standard list of nutrients, and require more informative ingredient labels. The FSIS and the FDA have also adopted standard definitions of nutrient claims such as free, less, low, good source of, extra lean, light (lite), high, reduced, more, and lean. The standard definitions established include the following:

- ***High***-contains 20% or more of the total daily recommended nutritional component.
- ***Low Fat***- contains three grams or less of fat per serving.
- ***Fat Free***-contains less than 0.5 grams of fat per serving.

- ***Light*** (Lite)-1/3 less calories or no more than 1/2 the fat of the higher-calorie, higher fat version, or no more than 1/2 the sodium of the higher sodium version.
- ***Cholesterol Free***-contains less than 2 milligrams of cholesterol and 2 grams (or less) of saturated fat per serving.
- ***Good Source of***-contains 10 -19% of the recommended daily value per serving.
- ***Reduced/Less Fat***-contains reduced fat content of 25% or more.
- ***More/Added/Enriched***-contains 10% or more of the nutrient than the recommended daily value of one serving of the original.
- ***Lean***-meat or poultry products with less than 10 grams of fat, 4 grams of saturated fat, and less than 95 milligrams of cholesterol per 100 grams per serving.
- ***Extra-lean***-meat or poultry products with less than 5 grams of fat, less than 2 grams of saturated fat, and less than 95 milligrams of cholesterol per 100 grams per serving.

To make health claims about heart disease and fats, the food product must be low in fat, saturated fat, and cholesterol. To make health claims about blood pressure and sodium, the food must be low in sodium. To make health claims about heart disease and fruits, vegetables, and grain products, the food must be a fruit, vegetable, or grain product low in fat, saturated fat, and cholesterol, that contains at least 0.6 gram soluble fiber per serving.

The purpose of the new food labels is to provide consumers with advantages such as the following:

- ease in making informed food choices
- ease in comparing the nutritional values of similar food products
- ease in planning meals within dietary guidelines

By the fall of 1994 all food products (with some exceptions) will be required to carry a nutrition label similar to the one illustrated in table 11.1. The new nutrition facts labels include information such as serving size, calories per serving, total fat, saturated fat, cholesterol, sodium, total carbohydrates, dietary fiber, protein, vitamins and minerals, and percent daily value.

Nutrition Facts

Serving Size 1/2 cup (114g)
Servings Per Container 4

Amount Per Serving

Calories 90 Calories from Fat 30

	% Daily Value*
Total Fat 3g	5%
Saturated Fat	0%
Cholesterol 0mg	0%
Sodium 300mg	13%
Total Carbohydrate 13g	4%
Dietary Fiber 3g	12%
Sugars 3g	
Protein 3g	

Vitamin A	**80%**	•	**Vitamin C**	**60%**
Calcium	**4%**	•	**Iron**	**4%**

*** Percent Daily Values are based on a 2,000 calorie diet. Your daily values may be higher lower depending on your calorie needs:**

	Calories	**2,000**	**2,500**
Total Fat	**Less than**	**65g**	**80g**
Sat Fat	**Less than**	**20g**	**25g**
Cholesterol	**Less than**	**300mg**	**300mg**
Sodium	**Less than**	**2,400mg**	**2,400mg**
Total Carbohydrate		**300g**	**375g**
Fiber		**25g**	**30g**

Calories per gram:
Fat 9 • Carbohydrate 4 • Protein 4

Table 11.1

Adapted from: Food and Drug Administration, Washington, D.C. 1993.

Percent daily value, as shown in the far right column of the nutrition fact label, is based on current nutrition recommendations for a 2,000 calorie reference diet. The percent figure is used to determine and compare the amount that a particular nutrient contributes on a daily basis toward the 2,000 calorie reference diet.

Food products that are exempt from disclosing nutritional facts include raw, single ingredient meat and poultry products as well as most varieties of fresh fish, fruits, and vegetables. Products served in restaurants, products in small packages (less than 1/2 ounce—unless making a nutritional claim), products produced and packaged at retail, and products produced by small businesses are also exempt from disclosing nutritional facts.

Individuals on special diets recommended by their doctors can use the information from nutrition facts labels to help avoid restricted foods such as sodium. The ingredients in the food products are listed largest amount first, followed by the other ingredients in decreasing order of amount. They must be easy to read and not misleading.

Packaging. All the different brands and sizes of a certain product should be examined before selecting one. Customers are paying for the containers as well as the food. Fancy packaging costs more. Name brands are usually more expensive than store brands, and store brands are usually more than generic brands. Sometimes packaging costs more than the product. Small containers increase the price. Aerosol cans should be avoided because they have smaller amounts of product inside than comparable spray pump bottles. Canned goods in smaller sizes may cost proportionately more but may result in less waste. It is also possible to freeze part of a package of some items to keep the remainder fresh until ready to use.

Open dating is a calendar date on packaged meat and other perishable products. The dates help in selecting a fresh product and in helping to indicate how long the product can be kept before it will spoil. The dates may be any of the types listed below. If the dates are not easy to read or are coded, ask the store personnel how to read them. The following are phrases with which a shopper needs to be familiar:

- ***packing date***—final processing or packing. Example—canned foods.
- ***freshness date*** or "use before"—quality of product will be as purchased at least until that date. Example—bakery items.
- ***pull date***—store should remove from shelf. Date allows for a reasonable time for home use beyond this date. Example—eggs and meat.
- ***expiration date***—quality is not assured beyond this date. Example—yeast.

The majority of packaged foods now have a series of black vertical bars and numbers that identifies the product and the price known as the ***Universal Product Code.*** (See figure 11.2.)

51000 01261

Table 11.2

When the product is passed over an electronic scanner at the checkout counter, the item is identified and the computer matches the product to the price. The price is printed on a receipt along with a description of the product. This method of checkout is expected to reduce costs of store operation. The shopper must learn to look for prices on the shelf label rather than on the product itself.

Unit Pricing

The larger the quantity purchased at one time, the less that product usually costs per unit. A gallon of milk will usually cost less than buying four separate quarts. To determine if quantity buying is in fact cheaper, unit pricing is necessary. ***Unit pricing*** is the process of determining the price of a product per unit such as pounds, gallons, and ounces rather than per package. The unit price for a product is calculated by dividing the price of the product by the number of units in the package. The caregiver can determine which brand is cheaper and which size of a product offers the best price if the unit price is known. Generally, the larger the quantity purchased, the more the consumer gets per dollar as shown in table 11.3.

Unit Pricing

Product	Size	Price	Unit Price per oz.
Cleanteeth Toothpaste	2.7 oz.	$ .99	$ .37
Cleanteeth Toothpaste	4.6 oz.	$ 1.29	$ .28
Cleanteeth Toothpaste	7.7 oz.	$ 1.59	$ .21
Generic Toothpaste	4.6 oz.	$ 1.04	$ .22
Generic Toothpaste	7.7 oz.	$ 1.29	$ .16

Table 11.3

It is possible to determine from the list that the 7.7 ounce generic toothpaste is the least expensive of the various sizes of the two brands. The 7.7 ounce size of the Clean Teeth Toothpaste brand is the least expensive for that particular brand. Some stores offer this type of unit pricing, while others do not, and it will be necessary for the caregiver to do the calculations and compare prices.

PERSONAL AND HOUSEHOLD ITEMS

The marketplace is proliferating in types of places to buy similar personal and household products. These stores include the following:

- Factory outlet stores
- Recycles—secondhand stores
- Discount stores
- Garage sales
- Goodwill stores
- Sample stores

Study carefully the community, watch for variations in services provided, location, amount of decorations, and other factors that can affect the final price of the goods or service. Information from sales persons should be evaluated very carefully. Businesses vary greatly on the amount of factual information they provide to sales clerks or expect them to know about the products they sell.

Shopping Guidelines for Personal and Household Items

The following guidelines may be followed by the caregiver when assisting the elderly with the purchase of personal and household items:

- Compare price, quality, and design. Often the same product is sold under different names, by different states, at different prices. Price alone does not indicate quality.
- Comparison shop. Different types of stores will charge different prices for the same product and brand and the only way to get the best price is to comparison shop. Using the telephone to comparison shop will save time and money.
- Purchase personal items such as toothpaste or deodorants at drug or discount stores. These items are usually less expensive at these stores than at grocery or department stores.
- Time shop according to sale time or specials. Off-season purchasing can be economical with all kinds of products—from air conditioners to vacation trips. It can also avoid some of the crowded periods of the store which mean added strain on elderly shoppers.
- Bargain whenever possible for a lower price.
- Substitute a less expensive item when possible.

Shopping By Mail

Because elderly consumers are not as mobile, they tend to rely more upon mail-order purchasing. Many businesses provide catalogs from which customers select items and orders. Problems, however, may be encountered concerning time required for shipping of merchandise, condition of merchandise upon receipt, and unauthorized order substitutions. The Federal Trade Commission has recently established rules that make clear consumer's rights in regards to these problems. These rights include the following:

- right to know when to expect merchandise
- right to cancel order and obtain full refund if not delivered within stated time, or within thirty days
- right to refund of money within thirty days if express consent is not given by consumer for an additional delay of over thirty days
- right to receive refund within seven business days after purchase is canceled

PERSONAL RESPONSIBILITIES

The caregiver can assist the elderly with personal matters such as writing checks for bills and reminding the person when bills are due. The depth at which such responsibilities are carried out will vary with the elderly person's desires and needs and the type of care facility in which the caregiver is working. Some personal matters in which the caregiver might assist the elderly person are listed below.

Business Bills

The following are ways for caregivers to assist the elderly in financial matters:

- Open letters, read, and write replies, as dictated, for elderly persons who can no longer do so themselves.
- Collect for and provide needed information to an elderly person and/or responsible family member concerning a personal matter that requires decision making on the part of the elderly person and/or family member.
- Get estimates of repair costs on items such as appliances, plumbing, and television.
- Call the Social Security Office to verify authenticity of mailings that claim to be changes in Medicare and Medicaid payments/services.
- Call the bank to get information on check balance.
- Keep accurate bookkeeping records of cash purchases made for the elderly person.
- Go over, explain, and on their direction, write out checks to pay monthly bills unless a responsible family member takes care of these.
- Assist, as directed by the elderly person or a responsible family member, with newspaper or magazine subscriptions, club memberships, library cards, and senior citizens passes.

Other

The following are general ways in which the caregiver can assist the elderly with personal matters:

- Make hair care appointments.
- Read out telephone numbers for the elderly who can still use the telephone, but cannot see numbers, even in large print.
- Make a card file of most frequently used numbers and emergency numbers in large numbers and place at telephone side (bold print and color cue emergency numbers).
- Dial the telephone number for elderly persons who cannot dial for themselves. Investigate a telephone with automatic dialing features.
- Hold telephone, or have telephone adapted, so elderly persons can talk without having to hold the telephone receiver.
- Arrange with family members, friends, a church group, or others for transportation to appointments and club meetings.
- The caregiver may provide transportation for shopping or to appointments or club meetings.
- Make telephone calls to arrange visits of friends if the elderly person is unable.

Points to Remember

☐ The elderly are particularly susceptible to the pressures of the marketplace.

☐ The caregiver can assist the elderly in making wise choices when purchasing clothing, food, personal items, and household supplies.

☐ Food is one area in the budget that can increase or decrease spending quickly in relation to the amount of money available.

☐ The new nutrition labels titled *Nutrition Facts* include information such as serving size, calories per serving, total fat, saturated fat, cholesterol, sodium, total carbohydrates, dietary fiber, protein, vitamins and minerals, and percent daily value.

☐ Open dating is a calendar date on packaged meat and other perishable products that helps the consumer in selecting a fresh product and indicates how long the product can be kept before spoiling.

☐ The Universal Product Code is a series of black vertical bars and numbers found on products that identifies the product and the price.

☐ Unit pricing is the process of determining the price of a product per unit such as pounds, gallons, and ounces rather than per package.

☐ Elderly consumers tend to rely more upon mail-order purchasing since they are not as mobile.

☐ The caregiver can assist the elderly with personal maters such as correspondence and business bills.

Words to Know

Cholesterol Free
expiration date
Extra-lean
Fat Free
FDA
FSIS
freshness date
Good Source of
HHS
Lean
High
Light
Low Fat
More/Added/Enriched
Nutrition Facts
nutritional labeling
open dating
packing date
percent daily value
pull date

raincheck
Reduced/Less Fat
unit pricing
Universal Product Code
USDA

Review

1. Why is it important for the elderly to be aware of the ever-changing marketplace?

2. Name four guidelines the caregiver should follow when helping the elderly shop for clothing.

3. Name five ways the caregiver can help the elderly shop wisely for food.

4. What is the purpose of a raincheck?

5. Explain how food labeling is regulated?

6. What are nutrient claims and how are they defined?

7. Discuss the benefits of information from nutrition facts labels?

8. What information can be found on the new nutrition labels?

9. Why are name brand foods usually more expensive than generic brands?

10. What is open dating?

11. How does the Universal Product Code work?

12. How is the unit price of a product calculated?

13. Name four guidelines the caregiver should follow when helping the elderly shop for personal and household items.

14. Describe four ways in which the caregiver can assist the elderly with personal affairs.

12

Frauds, Gyps, and Deceptions

SUPPLEMENTAL COMPETENCY

☐ Analyze fraudulent and deceptive practices.

OBJECTIVES TO ACHIEVE

☐ Point out reasons why the elderly often fall for fraudulent and deceptive practices.

☐ Identify types of fraudulent and deceptive practices.

☐ Identify ways to spot fraudulent and deceptive practices.

☐ Explain how caregivers can help protect the elderly from fraudulent and deceptive practices.

☐ List sources where the elderly can obtain protection and assistance.

A great many elderly people are prime targets for advertisements that offer get-rich quick schemes, cure-all pills, ointments, and quick profits on investments. The aches and pains of the elderly, their need for extra income, their vanishing hopes for a retirement home in the lands of warmth and sun, and their gratitude for attention make them easy targets for false advertising and slick salesmanship. Illegal operators and hit-and-run peddlers entice the elderly into schemes that drain them of their life savings. The elderly often fall prey to slick, fast talking salespersons who offer once-in-a-lifetime bargains. These are the types of salespersons that cannot stand investigative checks, and these are the ones that should be investigated thoroughly. Caregivers can assist the elderly by watching for false and misleading claims that may appeal to the elderly and drain them of their savings.

HEALTH CLAIMS

The elderly often fall prey to salespersons or advertisements that offer the hope of improved health. Many of the health problems that the elderly have are incurable and irreversible. The following are examples of ways that others take advantage of health concerns of the elderly.

The old-time medicine men who sold magical cure-alls and pain killers, often high in alcohol or opium, have all but disappeared. However, selling of false hope in the health field has not disappeared. It has simply kept pace with the times.

Cures For Everything

Ads or salespersons who claim to have a cure for anything, specific or non-specific, that ails an elderly person should immediately send up a warning signal. Most often, these ads or salespersons will appeal to the fears of the elderly that proper medical diagnosis and treatment would be too expensive and the person should turn to the "new astonishing" discovery offered by the peddler. One of the principal ***deceptions***, or misleading claims, aimed at the elderly is the cure for arthritis and rheumatism. This is a favorite because twelve million Americans have some form of the disease. Persons should be wary of these claims. There is no known remedy capable of gaining any more than temporary relief from the diseases. The same generally holds true for claims of a cure for cancer. Effective treatments for cancer presently include chemotherapy, X-ray radiation and combinations of these. Individuals should avoid quacks and institutes of doubtful scientific standing that advertise to cure cancer. When diagnosed and treated in its early stages, cancer may be cured by competent surgery, and in some cases by use of X-ray radiation or chemotherapy, if such treatment is given by a reputable physician.

Ways To Spot Health Quacks

There may be clues to help the caregiver identify ***health quacks***, which include the following:

- will use special or secret machine or formula and claim it will cure an ailment or variety of ailments
- will guarantee a quick cure
- will advertise with case histories and testimonials
- will say X-rays, surgery, and drugs will harm you
- will say medical persons are persecuting them or afraid of competition

The caregiver can help stiffen the defenses of elderly people against medical quackery by doing the following:

- inviting and listening attentively to their description of their own ailment.
- encouraging them to have a diagnosis made by a competent medical authority.
- having a relative or close friend insist that they have a diagnosis made by a competent medical authority. Sound advice, given but once, can be easily ignored.

INCOME SCHEMES

Knowing that many elderly people are hard pressed to stretch their retirement income to cover even the barest necessities, the "fast-buck" operators are all too anxious to sell, at a cruel price, false hope for extra income. Many legitimate opportunities are advertised for extra income, but the genuine offers can stand investigation.

Extra Income

The Federal Trade Commission has discovered a pattern to these deceptive offers. The approach is usually by an advertisement promising excellent, even spectacular profits for easy spare time work. The ads will frequently appear in the "Help Wanted" columns of newspapers. However, the catch is that before the person can start to receive these phenomenal profits, there is usually an investment of money needed for inventory of a purchase of some kind. People who are genuinely interested in the advertised operation should carefully investigate first. They should talk with the ***Better Business Bureau*** (a consumer protection agency) or anyone in whom they have confidence. Individuals should get all the facts before investing money.

BUNCO SCHEMES

Another group to which the elderly very often fall prey are the con-artists—sometimes referred to as ***bunco artists***. These are persons who practice a swindling game or scheme intended to part elderly persons from their money. Persons may consider themselves much too sharp or too intelligent to fall for bunco artists' schemes, but law enforcement officers with expertise in the area indicate that there seem to be endless ways in which intelligent, well-educated, otherwise aware people can be swindled and degraded every day if they are hit with the right scheme, at the right time, by the right "operator." Despite all that law enforcement agencies can do, these schemes flourish as fast as they are exposed. Those who believe that they can get something for nothing are literally setting themselves up to be swindled. However, being aware that these things do happen is the best protection one can have. Knowing some of the common approaches encourages a person to think before doing anything drastic.

Pigeon Drop Scheme

In the ***pigeon drop scheme***, the victim is approached by the swindler and engaged in conversation on any sympathetic subject. This move is designed to gain the trust and confidence of the victim. About this time, a second person appears on the scene and claims to have just found a large sum of money. The victim is led to believe that whoever lost the money came by it illegally. The swindlers and the victim discuss what to do with the money. The second swindler suggests that, since the money was stolen or belonged to a gambler, they split it three ways. But each of them must show their "good faith" by going to the bank and withdrawing all their money from the bank. The victim is swept along with the expectancy of getting something for nothing. Once the victim has withdrawn his or her life savings from the bank, the swindlers cleverly exchange the money for a pouch full of paper. Hence, the life savings disappears with the bunco experts.

Bank Examiner Scheme

The ***bank examiner scheme*** involves a phony bank or savings and loan "investigator" who calls at the house claiming to be checking up on a dishonest employee. The person usually has a bunch of important looking papers and deposit slips from the bank of the victim being visited. The "bank examiner" wants help in checking on this dishonest employee by going to the bank and withdrawing all of the victim's own money so that the "bank examiner" can see what the employee does. Either the "bank examiner" or an F.B.I. messenger will pick up the money at some pre-arranged point. The "examiner" is given the money, and in turn gives a receipt and thanks for the cooperation of the victim. Once the "bank examiner" is gone, neither the examiner nor the money is ever heard from again. The bank, of course, never heard of the "bank examiner." Many banks, when asked by elderly persons to withdraw large amounts of their savings, will attempt to question the customer more carefully in order to help prevent such schemes.

It does not seem possible that anyone would actually fall for either of these two bunco schemes, but it happens everyday. The swindlers are experts. They know how to make the victim feel important, as if he or she is onto something big. The idea is to get the victim to act "immediately" without delay because if they stop and think, the bunco artist's stories begin to fall apart. People should never make hasty decisions about money or property. If the offer is legitimate—it will be there tomorrow.

If the caregiver suspects any deceptive claims or con artists at work, the following precautions should be taken:

- call the police immediately
- call the Better Business Bureau or other consumer protection agency
- talk with a reputable banker
- get all the facts before the elderly person invests any money

LANDS IN THE SUN

Before rushing to purchase a retirement home in some advertised areas, individuals should always investigate. Elderly people are extremely susceptible to advertising of a retirement home by a mail-order developer. Before buying, one should consult a lawyer or real estate agent.

Most states have some kind of land sale transaction laws. Before purchasing land, individuals should contact the proper state agency in which the land is located or The Department of Housing and Urban Development (HUD) and learn about the seller of the land. If the deal sounds too good to be true, it probably is too good.

BUSINESS SCHEMES

The following are other schemes and ways that dishonest people attempt to lure the elderly away from their savings.

Bait and Switch

In this scheme, someone advertises a commodity at a ridiculously low price to get customers into the store or the place of business. The advertised commodity is the ***bait***. The customer asks to see the bargain or sale item only to find that it is sold out or does not exist. He or she is then steered to a higher priced item — hence, the ***switch***. The practice is illegal; the caregiver should report it to the Better Business Bureau or other consumer protection agencies.

Contracts

Individuals should never sign a contract without thoroughly reading and understanding its contents. If there is something that is not understood, the contract should not be signed. If questions remain after having read the contract, a lawyer, banker, or some other appropriate expert should be asked to look it over. A signature is one of the most valuable things one owns. It should be used cautiously.

Contracts are written for both goods and services. They should be reviewed to determine the responsibilities of both the seller and the buyer.

Pressure Sell

This is the rush technique, coupled with a dose of anxiety—producing a high ***pressure sell***. A person should never be influenced to sign anything or buy anything when tactics like this are used. If the deal is a good one, tomorrow it will still be a good deal. Encourage elderly individuals to allow time to do some checking and a chance to compare prices and services with other businesses and with the Better Business Bureau.

Mail Order Fraud

Since consumers cannot see the product or seller, mail fraud is a particularly attractive area for deception. This deception is increased even more through its appeal to the elderly who more frequently must rely on buying by mail. Cautions to take include the following:

- Read entire ad, including small print.

- Search ad for precise description of product— weight, material, description.
- Avoid items with overblown terms like fantastic, incredible, and revolutionary.
- Look for money-back guarantee — use extreme caution if none is given.
- Do not assume a company is reliable just because it advertises in a reputable magazine.
- Check with the Better Business Bureau for information on any questionable sellers.

Preventive legislation includes the following:

- U.S. law provides for fines and imprisonment with convictions of intent to deceive or misrepresent through the mail service.
- The U.S. Postal Inspection Service as well as the Federal Trade Commission are responsible for the monitoring of attempted fraud.

Unordered merchandise guidelines are as follows:

- Only free samples and merchandise from charitable organizations seeking contributions can be legally sent through the mails without a previous request.
- The consumer is not obligated to pay for, help handle, or return any unsolicited merchandise. Nor is it legal for the consumer to be pressured to return the merchandise or pay for it.
- Any harassment should be reported to the Federal Trade Commission.

DOOR-TO-DOOR SALES SCHEMES

Persons who knock on the doors of private residential homes in the hopes of selling their merchandise in a dishonest manner are involved in a door-to-door sales scheme.

Books, Encyclopedias, and Magazines

Salespersons may use a "sob story" angle, such as claiming to be disabled war veterans or college students selling magazine subscriptions for points. It is always best to check credentials. A person should not feel forced to buy anything that is not needed or wanted or that places strains on finances.

Burial Schemes

Elderly individuals should be cautious of ***burial schemes*** involving the prepurchase of cemetery lots and prearranged funerals. Although such prepurchases may sometimes be advantageous, the advantages and disadvantages should be considered prior to finalizing business arrangements. Money that would otherwise be accumulating interest elsewhere becomes tied up in prepurchase interactions. Credentials of salespersons should be checked thoroughly, and the purchaser should verify that salespersons represent reputable businesses.

Common burial schemes emphasize the following:

- The survivor will be relieved of the difficult decision during a time when his or her business judgment may be impaired.
- Immediate purchase of a cemetery lot will prevent family squabbles about where the person will be buried.
- Prices of lots and funerals will be higher later.
- Purchase reduces demand on survivor's life insurance payoff when money counts.

Charity Solicitations

The United States has long been noted as a country that is concerned with the health and welfare of not only America, but also of the world. There are approximately 8,000 charitable, religious, and educational organizations concerned with providing assistance to their respective groups.

In order to promote ethical practices by philanthropic organizations, the Better Business Bureau (BBB) has developed a Set of Standards for evaluating organization, management, and finances of charitable concerns. The Better Business Bureau should be contacted to determine if the group with whom a consumer is dealing meets the BBB standards for charity solicitations. The information obtained then can be used as a guide for a decision on whether to contribute to that particular charity.

Home Improvement Rackets

Elders should beware of home improvement rackets. The following are examples of common home improvement rackets:

- Salesperson may tell you that your home has been selected as a model; you will get the product at a reduced price and also a commission on any sales the salesperson makes in your neighborhood. The promised commission may never come and the work may be shoddy.
- Salesperson may offer various types of improvements such as aluminum siding, furnace cleaning, roofing, septic tank cleaning, water conditioners, and porches.
- Salesperson may tell you to sign the contract and you will "only have small monthly payments."

Guidelines to protect against home improvement rackets include the following:

- Get at least a dozen names of people who have had this company do work and contact them.
- Always read and understand the contract before signing.
- Demand a duplicate contract with contractor's signature on it.
- Do not sign a completion certificate that may be given until the work is finished to your satisfaction.
- Know your payments and finance cost.
- Make sure the workmanship and product are guaranteed.
- Make payments on time. If a house is involved in the contract as collateral, as it usually is, the whole house can easily be lost if payments are not made on time.
- Always check with the Better Business Bureau to see if the deal, contract, and company are legitimate.
- Ask to see Peddler and Solicitor's Permit. Door to door salespeople are required in many cities to have a permit if between the ages of fifteen and sixty.

SOURCES OF ASSISTANCE

Some people make a living by cheating others. Many times these individuals count on the person who has been swindled not to report the swindle because of embarrassment. When working in services for the elderly, it will be helpful for the caregiver to be familiar with places where one can receive help in case of ***fraud.*** Refer to table 12.1 for sources of assistance in case of fraud.

Sources of Assistance

Organization	Cases it Can Help	Type of Help
Better Business Bureau	Almost any product or money fraud-very helpful in getting information on standard kinds of frauds.	To obtain information/advice about solicitor prior to investing, spending, or donating funds Help following fraudulent incident
Chamber of Commerce	Some Chambers of Commerce have Better Business Bureau (BBB) lists of frauds. Try BBB first.	To obtain information/advice about solicitor prior to investing, spending, or donating funds.
Federal Trade Commission	Products and services made, sold, or advertised across state lines	To obtain information/advice about solicitor prior to investing, spending, or donating funds.
Police (City/County)	Criminals and con men in area	Help following fraudulent incident
Post Office (Postal Inspector)	Anything involved with mail; anything ordered, shipped as advertised, billed, or paid for by mail	Help following fraudulent incident
Small Claims Court	Dispute settlement of minor matters at very little cost	Help following fraudulent incident
Sate Attorney General	Products and services made, sold, or advertised within state	Handles complaints of deceptive practices — Does not give information or advice

Table 12.1

Points To Remember

- ☐ A great many elderly people are prime targets for ads that offer get-rich-quick schemes, cure-all pills, ointments, and quick profits on investments.
- ☐ Elderly persons should be wary of ads or salespersons who claim to have a cure for anything that ails them.
- ☐ Before investing money in any advertised operation, the elderly should talk with the Better Business Bureau or a person in whom they have confidence.
- ☐ Intelligent, well-educated and otherwise aware people can be swindled and defrauded every day if they are hit with the right scheme, at the right time, by the right "operator."
- ☐ Since consumers cannot see the product or seller, mail fraud is a particularly attractive area for deception.
- ☐ Persons should never make hasty decisions about money or property. If something is legitimate, it will be there tomorrow.
- ☐ If the elderly person has any questions or concerns regarding schemes and frauds, he or she should contact the Better Business Bureau or other consumer protection agencies.

Words To Know

bait
"bank examiner" scheme
Better Business Bureau
bunco artist
burial schemes
deceptions
fraud
health quacks
"pigeon drop" scheme
pressure sell
switch

Review

1. How can the caregiver specifically help the elderly from being swindled or conned?
2. What are two health deceptions commonly aimed at the elderly?
3. What are three ways to spot a health quack?
4. Why should the elderly avoid a bunco artist?
5. Explain how the "pigeon drop" scheme works.
6. Explain how the "bank examiner" scheme works.
7. What is the actual bait and switch in this type of scheme?
8. When is it considered safe to sign a written contract?
9. How can the elderly take precautions against mail-order fraud?
10. What should a person do after receiving an unordered piece of merchandise with a bill enclosed?

13

Clothing Needs

ESSENTIAL ELEMENTS

- ☐ Identify characteristics and care needs of the elderly.(n1B)
- ☐ Determine appropriate methods to meet the social and psychological needs of the elderly.(n2B)
- ☐ Determine strategies for facilitating self-help.(n3G)
- ☐ Demonstrate procedures for handling clothing and linens.(n5B)

OBJECTIVES TO ACHIEVE

- ☐ Identify the clothing needs of the elderly.
- ☐ Describe how the elder caregiver can help select and coordinate clothing from the wardrobe for the elderly person.
- ☐ Give examples of desirable clothing features to look for when selecting clothing for the elderly.
- ☐ Identify the basic steps to good laundering and clothing maintenance.

Clothing is an essential need of all people, including the elderly population. Individuals have different needs in clothing at different stages in life. Clothing needs can be classified as physiological, sociological, and psychological.

CONSIDERATIONS ABOUT CLOTHING NEEDS

Physiological (physical) ***needs*** change as changes in the body occur. There is often an increase in weight and fat deposits around the waist, stomach, and hips. The expanding waistline causes the body to appear almost straight from the shoulders to the hips. The aging body tends to grow shorter and a stooped posture becomes noticeable. Frequently, elderly people become larger in the bust and tend to develop a protruding abdomen. Due to physical changes in the body, the caregiver must pay special attention in selecting clothing for the elderly as garments can either minimize or maximize these body changes.

Sociological (social) ***needs*** also change with each stage in life. Society usually defines what is appropriate dress for different age groups. Society either accepts or rejects one's dress depending on whether it conforms to society's standards. An elderly woman wearing a bikini would not conform to the standards set by society, and this would be considered inappropriate and unacceptable for her age. The standards in dress for an individual vary with age, sex, social status, geographic location, occupation, and economic level.

Psychological needs in clothing help to develop a good self-image and self-concept. Individuals of all ages, including the elderly, select clothing that will obtain a positive reaction from significant others. A person's clothes give a sense of identity. Attractive, comfortable clothing can add to a good self-image and personal dignity. Being nicely dressed also helps with personal morale and adds to a sense of responsibility. Many elderly persons lead very active social lives, and like younger people, they want to be fashionable and maintain a good personal appearance. They want their clothing to be made out of beautiful and durable fabrics, easy to put on, easy to care for, stylish, comfortable, and affordable.

SELECTING AND COORDINATING CLOTHING FROM THE WARDROBE

The elderly should be encouraged to select their own clothing for daily wear. This personal decision helps to enhance a sense of identity and adds a sense of security and independence. However, due to physical or emotional reasons, the caregiver may need to assist in selecting and coordinating clothing from one's wardrobe for daily wear. Some elderly persons may be color blind and have a difficult time seeing and distinguishing different colors. Color blindness makes it difficult to mix and match colors to achieve an attractive color scheme. Others may not have the strength to select their own clothing.

Suitable clothing should be selected according to the types of activities the person will be involved in each day and according to the weather. Personal preference should be considered first when the elderly person describes what he or she wants to wear each day. It is also important to select clothing that looks nice on the individual and is comfortable.

Certain activities will call for casual dress and others for a more dressy appearance. The caregiver should be aware of the elderly person's needs and activities each day. The elderly person may want to dress more formal when attending religious activities and more casual for visiting friends or staying at home.

The caregiver can assist the elderly person in extending the present wardrobe by mixing and matching clothing, using accessories, and using color wisely. Mixing and matching is a creative and fun way to make more outfits from one's current wardrobe. By combining different blouses, pants, skirts, and other clothing items, a variety of outfits can be assembled.

A small or limited wardrobe can be stretched by the smart use of accessories. ***Accessories*** include, but are not limited to, items such as jewelry, scarves, belts, hats, neckties, purses, or shoes. Accessories add variety to a wardrobe and can dress up an outfit or make an outfit more casual. Accessories can also help to coordinate an outfit. If a blue skirt and a white blouse are selected from one's wardrobe, a scarf with blue in it will give a coordinated look to the outfit. Often the elderly person will not think of using accessories to extend or coordinate outfits; this is where the caregiver can be of great help. Accessories are also useful when trying to hide figure problems or to draw attention away from the problems. For example, wearing bright jewelry around the neck can draw attention away from large hips. A scarf or necktie can help to hide wrinkled or dry skin on the neck.

Color can also draw attention to or away from a particular part of the body and can make the body appear larger or smaller. Bright colors call attention to the area where they are used. Lighter colors make the body look larger and darker colors make it appear smaller. Large hips will appear smaller if a dark-colored skirt or pair of pants is selected.

Color is very powerful and can affect one's mood, feelings, and looks. Red is considered a vibrant color and can make one feel full of energy. Figure 13.1 lists a few of the feelings one gets from different colors.

If the caregiver is aware of the elderly person's feelings and needs, choosing different-colored clothes from the existing wardrobe can help to cheer, calm, or make a person feel good. When individuals feel tired and worn down, a red shirt may make them feel more energetic, or a green blouse may help them feel refreshed and rested.

Everyone has a favorite color or two. The caregiver should be able to identify the elderly person's favorite color by studying the wardrobe. There will probably be one or two dominant colors. People choose certain colors because they look good on them and they are in fashion. A person's skin tone determines which colors look best on them. It is best to experiment with colors to find out which are the best for one's skin tone, hair color, and eye color.

Colors	*Feelings Projected*
Orange	warm, cheerful
Yellow	bright, cheerful
Green	refreshing, restful
Blue	cool, calm
Black	sophisticated, mysterious
White	cool, serene
Red	bright, vibrant

Figure 13.1

Guidelines the caregiver should follow when selecting and coordinating the elderly person's daily clothing include the following:

- Let the elderly person have first preference when choosing clothes to wear.
- Discuss the person's activities for the day and decide if casual or more dressy clothing is appropriate.
- When appropriate, suggest dressing according to the weather unless all activities will be indoors.
- Choose clothing that looks nice on the person, makes the individual feel good, and is comfortable.
- Mix and match clothing to create several different outfits.
- Use accessories to create a coordinated outfit.

DESIRABLE CLOTHING FEATURES IN READY-MADE CLOTHING

When assisting an elderly person with shopping for clothing, the caregiver needs to keep in mind the elderly person's present wardrobe, including color and accessories. Features the caregiver needs to look for in ready-made clothing include fabrics, fasteners, design, comfort, safety features, and cost.

Fabric

Strength of fabric is needed to withstand strain or abrasion. Reaching, pulling, bending, and using a walker or wheelchair are just a few of the activities that cause strain on clothing. Abrasion is caused by continuous rubbing such as when using crutches or a brace. Stretch fabrics such as knits and stretch wovens can withstand reaching and pulling motions and will hold their natural shape. Stretch fabrics are also very comfortable, especially when a soft and smooth texture is chosen. A natural fiber such as cotton is comfortable and absorbent, but does not stretch or give like knits do. Wool fabrics supply warmth but may be itchy and irritating. All-season fabrics that can be worn year-round help to cut down on the cost of clothing.

Fasteners

Clothing should be easy to put on and to remove. The type, location, and size of fasteners will determine how easily clothing can be managed. Manipulating fasteners on garments can be extremely difficult with loss of finger dexterity or limited range of motion. Selecting or adapting garments with fewer fasteners help compensate with such problems. Generally, small fasteners such as snaps, buttons, or hooks and eyes are more difficult to handle. Large buttons with shanks and large metal hooks with bars are much easier to handle even with limited physical strength or finger dexterity. Large metal hooks with bars are often found on men's slacks and women's skirts and slacks. (See figure 13.2.)

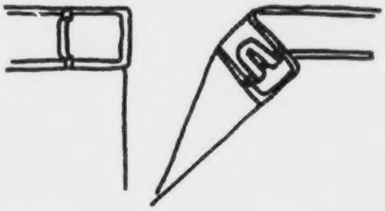

Figure 13.2

Velcro is a fastener that can be used anywhere on a garment to replace buttons, snaps, or other closures. It can also be used on belts and overshoes. Velcro consists of two layers of tape, one layer with tiny loops and the other with tiny nylon hooks. The layers are pressure sensitive and cling together when light pressure is applied. They unlock by pulling the strips apart. Velcro comes in various lengths, widths, shapes, and colors. It can be purchased at fabric stores and most department stores. (See figure 13.3.)

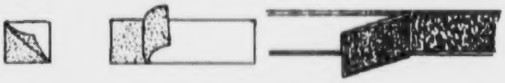

Figure 13.3

Zippers can also be used to replace other types of fasteners. Large decorative zipper pulls are easier to grasp and can be made of a fabric loop, or a metal ring may be attached to the tab. (See figure 13.4.)

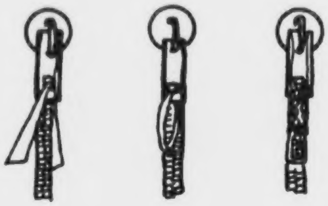

Figure 13.4

Magnetic fasteners are also used to replace other types of fasteners. Magnetic fasteners require very little force to fasten or pull apart. A tiny magnet holds the fastener together. (See figure 13.5.)

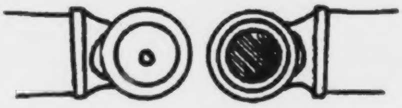

Figure 13.5

Slip-on shoes are more convenient than lace-ups. Velcro fasteners can be found on shoes. (See figure 13.6.)

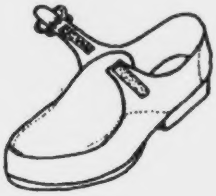

Figure 13.6

Design and Style

Good design of garments can make dressing and undressing easier and assistance from the caregiver easier. Front or side openings are more accessible for those with a limited range of motion and reach. Openings that are easy to manage and reach will reduce the time and stress involved in dressing. Wrap-style garments such as dresses or skirts require little physical exertion. Most pullover styles are not recommended for the elderly person with decreased strength and limited range of motion.

Comfort

Comfortable clothing is essential for the elderly. Garments should be the correct size so that they fit well. However, clothing in a size larger may be more comfortable in a situation where there will be a great deal of strain. Clothing should be full enough for ease of movement in the sitting and standing positions. Clothing that is too tight or rides up on the body is uncomfortable and unattractive. As pointed out earlier, knit fabrics and stretch woven fabrics offer ease of motion. Comfortable, proper fitting shoes and socks are equally needed by the elderly person. Shoes with low, wide heels offer the best support and comfort. Shoes made of soft leather or other soft material offer the greatest comfort. Cotton socks are comfortable and absorbent compared to nylon. Nylon socks and stockings are often too tight and interfere with circulation. Cotton or cotton blend underwear is also recommended because of its comfort and absorptive quality.

Safety

Safety is another aspect to consider when selecting clothing for the elderly person. Falls and burns are the most frequent accidents involving clothing and footwear. According to the National Safety Council, falls are the number one killer in the home. Eighty percent of the fatal falls at home occur among people in the sixty-five and over age group. The percentage increases even more for those in the seventy-five and over age group. Burns are the second cause for the largest number of accidental deaths following falls. Almost half of the accidents involve clothing. To decrease the number of accidents caused by clothing, styles and design features need to be considered. Full-length robes or housecoats can be dangerous because feet can be hooked on the lower edge of the garment and cause one to stumble. Pants, dresses, and other garments should be at a safe, comfortable length to avoid tripping and falling. Belts and ties should be kept at a shorter length to avoid being stepped on or tripped over. Nonflammable garments should be selected whenever possible. Sleeve lengths are important because loose fitting, long sleeves can become fire hazards, get caught in doors, or cause other accidents. Fitted full-length or three-quarter length sleeves are much safer. Clothing worn in the kitchen should have no hanging parts or excess fullness that could easily come in contact with flames or surfaces of the stove. Slick-soled shoes or slippers can be extremely dangerous, especially on hard finish floors, such as tile or wood. Walking or climbing stairs in stocking feet should be avoided. If shoes with laces are worn, they should always be tied to avoid tripping over them. Shoes that are especially dangerous include high heels, wedge-style shoes, clogs, and loose fitting sandals. These types of shoes provide little, if any, support and can be very dangerous.

Cost

Due to rising clothing costs, it is important to maintain a year-round wardrobe. Clothing should be chosen that fits the needs and activities of the elderly person. All-season fabrics are available in a variety of beautiful colors, designs, and textures. Durable, well-made clothing will last longer than poorly constructed garments and will save time and money on purchasing additional clothing. Dry cleaning garments can be very expensive so machine washable clothing is advisable.

CLOTHING FOR PERSONS CONFINED TO WHEELCHAIRS

Clothing styles that facilitate the use of a wheelchair are sometimes needed by the elderly. Woven stretch fabrics and knit fabrics provide the stretch needed for freedom of movement. Extra fullness is needed across the back and across the chest when maneuvering the wheelchair. Adding pleats to the front and back of a garment will provide the required added fullness. Fullness in the sleeves is also recommended for ease of movement and comfort.

Pockets on clothing should be easy to reach for the person in a wheelchair. Shallow front pockets or patch pockets are best. Pockets in side seams and back pockets are impossible to reach. Pockets can be attached to a waistline belt, as illustrated, or attached to the inside arm of the wheelchair. (See figure 13.7.)

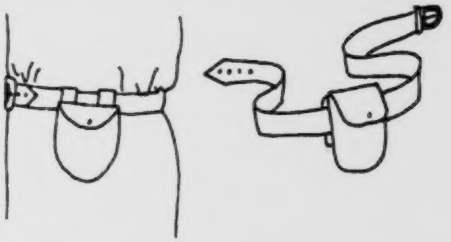

Figure 13.7

Pants should be longer for the person in a wheelchair because pants will pull up and leave a gap at the ankles when in the sitting position. Dresses and skirts should be full enough to provide comfort and long enough to cover the knees. Care must be taken when very full skirts are worn because they can get caught in the wheels of the chair. Dresses often bunch up at the waistline when in the sitting position. By wearing a two-piece outfit, a skirt and a blouse, the blouse can be worn over the skirt to eliminate the bunching. If tucked in, the blouse will eventually be pulled out of the skirt from body movement. A neater appearance is achieved by leaving the blouse outside the skirt. Elasticized waistlines provide more comfort than a fitted waistline. Wrap-style skirts and dresses are very suitable for those in a wheelchair.

MAINTAINING THE WARDROBE

People of all ages, including the elderly, want to look their best, be neat, clean, and well-groomed. Often, due to physical limitations, the elderly are not able to care for their own clothing. The caregiver can assist in a variety of ways with daily and weekly clothing maintenance. However, the amount of clothing maintenance assistance a caregiver can give depends on the facility or private home situation. Clothing maintenance includes washing, drying, ironing, pressing, mending, and storing clothes.

Clothes look much better and last longer when they are cared for properly. Washing results in clean garments and removes odors and wrinkling caused by wear. In doing laundry it is important to follow basic procedures. For best results, the caregiver should follow specific steps for doing laundry as shown in figure 13.8.

Steps For Doing Laundry

1. Read care label
2. Sort clothes
3. Mend or repair clothes
4. Pretreat stains on clothes
5. Select water temperature
6. Select washing products
7. Wash clothes

Figure 13.8

The caregiver should always use a stain removal chart as a guide for removing stubborn stains and spots.

The caregiver can also prolong the life of clothing by checking for holes, tears, or weak spots in clothing and making any needed repairs. The most frequently needed clothing repairs include patching, sewing on buttons, or resewing seams. Generally the sooner a repair is made, the easier the job will be to fix. Mending should always be done before laundering to avoid further damage to the item in need of repair.

If an elderly person is able to manipulate a needle and thread, making one's own repairs can help build self-esteem and create a feeling of independence.

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Points to Remember

- ☐ Clothing needs are classified as physiological, sociological, and psychological.
- ☐ Suitable clothing should be selected according to the types of activities the person will be involved in and according to the weather.
- ☐ A wardrobe can be extended by mixing and matching clothing, using accessories, and using color wisely.
- ☐ When purchasing clothing, features to consider include fabric, fasteners, design, comfort, safety, and cost.
- ☐ Clothing should be easy to put on and remove.
- ☐ Front or side openings are more accessible for those with a limited range of motion and reach.
- ☐ Falls and burns are the most frequent accidents involving clothing and footwear.
- ☐ Careful selection and coordination of clothing can emphasize one's good features and de-emphasize those that detract from a person's appearance.

Words to Know

accessories
physiological needs

psychological needs
sociological needs

Review

1. Name three ways that clothing needs can be classified.
2. How can caregivers assist the elderly in selecting clothing from the elderly persons's existing wardrobe?
3. Explain how accessories and color can be used in a wardrobe.

4. Name six desirable features caregivers should look for when assisting the elderly with clothing purchases.
5. Name four types of fasteners that are the easiest for an elderly person to manipulate.
6. Why are full-length robes or sleeves more dangerous than shorter lengths?
7. What are some desirable clothing features for a person in a wheelchair?
8. Explain how mixing and matching can affect a person's wardrobe.
9. How does color affect one's mood, feelings, and looks?
10. List the steps to follow when doing laundry.
11. How can the life of clothing be prolonged?
12. When should fabric repairs be made?

14

Nutrition for the Elderly

ESSENTIAL ELEMENTS

- ☐ Identify the functions and sources of nutrients.(n3A)
- ☐ Explain the relationship of digestion and metabolism to health.(n3B)

OBJECTIVES TO ACHIEVE

- ☐ Identify the daily food requirements for the elderly.
- ☐ Describe the different factors that influence the food intake of the elderly.
- ☐ Identify common dietary deficiencies and diseases associated with the elderly.
- ☐ Discuss digestion and metabolism in relation to the health of the elderly.

Nutrition is extremely important for the elderly. In fact, it may be more important at this stage of life than at any other because of aging body systems, more prevalent chronic disorders, and an increased use of medication. The elderly are faced with a dilemma in terms of their diet because their energy or calorie requirements are lessened due to decreased physical activity while their nutrient levels remain the same as for other adults. Therefore, it is essential that the diet of an elderly person be ***nutrient dense***. In other words, the elderly person must consume fewer calories, yet eat foods high in nutritive value.

BASIC NEEDS

A healthy diet provides the body with energy, strength, and the capacity to resist infection and disease.

Daily Requirements

The elderly population varies from those who maintain healthy, independent lifestyles to those who are suffering from disabling illnesses and require institutional care. Certainly those who are ill have special nutritional needs, but those who live independently also have different nutritional needs than they did in their younger years. Helping the elderly develop healthy eating practices that meet their daily energy and nutrient needs can improve their general health, energy levels, and self-esteem, and it may reduce the risk of other health problems in the future.

Food Categories

Everyone needs the same nutrients, but the quantity needed by each person differs depending upon age, sex, body size, and activity level. No one food contains all of the nutrients necessary for the body to function effectively. The following list is comprised of six different food categories containing similar nutrient values:

- Breads, Cereals, Rice, and Pasta
- Vegetables
- Fruits
- Meat, Poultry, Fish, and Alternates
- Milk, Yogurt, and Cheese
- Fats, Oils, and Sweets

The six food categories and their sources are illustrated in table 14.1, Food Guide Pyramid: A Guide to Daily Food Choices and table 14.2, A Pattern for Daily Food Choices.

There are five ***major food groups.*** All major food groups are assigned a specific number of recommended servings for daily consumption. Table 14.1 shows six categories of food —five of which qualify as major food groups. The fats, oils, and sweets category does not show recommended servings for daily consumption; therefore, this category is referred to as "extra" and is not considered a major food group. Foods in the "extra" category are sometimes called ***empty-calorie foods*** because they provide calories or energy but little nutritive value. The following are examples of extra foods from the fats, oils, and sweets category and should be used sparingly:

- butter
- cakes and other pastries
- candy
- jams and jellies
- margarine
- mayonnaise
- salad dressings
- soft drinks
- sugars
- syrups
- unenriched breads

Elderly persons, especially, need to maintain a nutrient dense diet; therefore, foods from the fats, oils, and sweets category should be limited only for the purpose of adding variety and flavor to meals and never used as a substitute for any of the foods from the five major food groups. A balanced diet requires that food choices be selected from the five major food groups following the guidelines for the recommended number of servings and serving sizes.

The Five Major Food Groups

A balanced diet is one that contains recommended servings from the five major food groups. The Food Guide Pyramid: A Guide to Daily Food Choices provides guidelines for determining the number of servings needed each day from all five major food groups.

Bread, Cereal, Rice, and Pasta Group. The bread, cereal, rice, and pasta group often form the bulk of the elderly person's diet because these foods are softer, easier to chew, cost less, and require no refrigeration and little preparation. Unfortunately,

Food Guide Pyramid

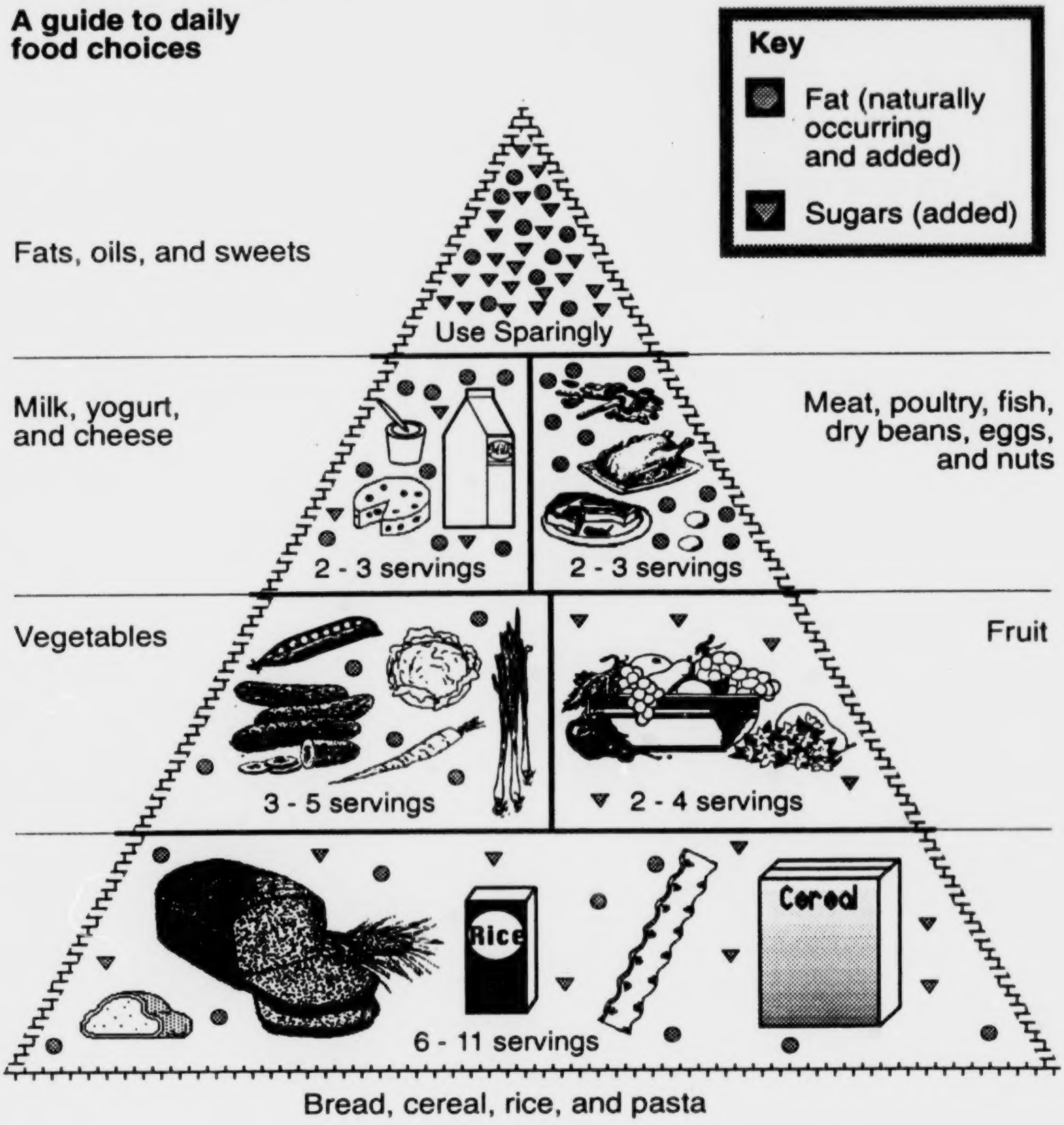

A guide to daily food choices
Key
● Fat (naturally occurring and added)
▼ Sugars (added)
Fats, oils, and sweets
Use Sparingly
Milk, yogurt, and cheese
2 - 3 servings
Meat, poultry, fish, dry beans, eggs, and nuts
2 - 3 servings
Vegetables
3 - 5 servings
Fruit
2 - 4 servings
Rice
Cereal
6 - 11 servings
Bread, cereal, rice, and pasta

Table 14.1

Adapted from: "The Food Guide Pyramid," Home and Garden Bulletin No. 252, United States Department of Agriculture Human Nutrition Information Service. Reprinted from *Skills for Life* Unit 2, Module D(20).

A Pattern for Daily Food Choices

Food Group	Suggested Daily Servings	One Serving Equals...
Milk, Yogurt, and Cheese	✦ 2 servings for adults ✦ 3 servings for children ✦ 4 servings for ages 11 to 24 ✦ 3 servings for women who are pregnant or breastfeeding ✦ 4 servings for teens who are pregnant or breastfeeding	✦ 1 cup of milk ✦ 8 ounces of yogurt ✦ 1 1/2 ounces of natural cheese ✦ 2 ounces of process cheese
Meat, Poultry, Fish, Dry Beans and Peas, Eggs, Nuts, and Seeds	✦ 2 to 3 servings from the entire group	✦ Amounts should total 5 to 7 ounces of cooked lean meat, poultry, or fish a day. Count 1 egg, 1/2 cup cooked beans, or 2 tablespoons peanut butter as 1 ounce of meat.
Vegetables	✦ 3 to 5 servings from the entire group (Include all types regularly; use dark-green leafy vegetables and dry beans and peas several times a week.)	✦ 1/2 cup of cooked vegetables ✦ 1/2 cup of chopped raw vegetables, such as lettuce or spinach ✦ 1 cup of leafy raw vegetables, such as lettuce or spinach
Fruit	✦ 2 to 4 servings from the entire group.	✦ a whole fruit such as a medium apple, banana, or orange ✦ a half grapefruit ✦ a melon wedge ✦ 3/4 cup of juice ✦ 1/2 cup berries ✦ 1/2 cup cooked or canned fruit ✦ 1/4 cup dried fruit
Breads, Cereals, Rice, and Pasta	✦ 6 to 11 servings from the entire group (Include several servings of whole-grain products daily.)	✦ 1 slice of bread ✦ 1/2 hamburger bun or english muffin ✦ a small roll, biscuit, or muffin ✦ 3 to 4 small or 2 large crackers ✦ 1/2 cup cooked cereal, rice, or pasta 1 ounce of ready-to-eat breakfast cereal
Fats, Oils, and Sweets	✦ Avoid too many fats and sweets	

Table 14.2

Adapted from *Preparing Foods and Planning Menus*, Home and Garden Bulletin No. 232-8, United States Department of Agriculture Human Nutrition Information Service, U.S. Government Printing Office: Washington D.C.

high intakes from this food group by the elderly would indicate that they may be lacking several important nutrients in their diet.

This group includes all breads and cereals that are whole grain, ***enriched*** (vitamins and minerals were added to improve nutritive value), or restored (nutrients lost during processing are replaced), such as macaroni, spaghetti, noodles, rice, quick and yeast breads, cooked cereals, corn meal, crackers, and baked goods, when made with whole grain or enriched flour.

The recommended amount for the elderly is six or more servings. One serving consists of the following:
- 1 slice of bread
- 1/2 cup of cooked rice or pasta
- 1/2 cup of cooked cereal (cornmeal, grits, oatmeal)
- 1 ounce of ready to eat cereal (generally 3/4 cup dry)
- one 2 inch biscuit or muffin

Vegetable Group. It is recommended that the elderly include three or more servings from the vegetable group each day. One serving of vegetables consists of the following:
- 1/2 cup of chopped raw or cooked vegetable
- 1 cup of leafy raw vegetable

Examples of one serving from the vegetable group include the following:
- 1 cup of salad
- 1/2 cup of cooked green beans
- 1/2 cup of raw carrots

Fruit Group. It is recommended that the elderly include two or more servings from the fruit group each day. One serving from the fruit group consists of the following:
- 1/2 cup of canned fruit
- 1/4 cup of dried fruit
- 1 piece of fruit or melon wedge
- 3/4 cup of juice

The following are examples of one serving from the fruit group:
- one medium apple
- 1/2 of a medium grapefruit
- 3/4 cup of pineapple juice
- 1/4 cup raisins
- 1/2 cup canned pears

Meat, Poultry, Fish, Dry Beans, Eggs, and Nuts Group. Many senior citizens never achieve the recommended daily servings from the meat, poultry, fish, dry beans, eggs, and nuts group. The expense of purchasing foods from this food group is generally greater than for other food groups, and as a result, many of the elderly, especially those on fixed incomes, neglect to buy sufficient quantities to meet the recommended daily requirements. The recommended amount from this food group for the elderly is two or more servings in order to supply 46 to 56 grams of protein, which is the recommended daily requirement for persons sixty years of age or older. One portion from this group consists of 2 1/2 - 3 ounces of lean, boned cooked meat, poultry, or fish (may substitute 1/2 cup of cooked beans, one egg, or two tablespoons of peanut butter for one ounce of lean meat).

Milk, Yogurt, and Cheese Group. This food group contains whole, lowfat, nonfat, and skim milk, as well as buttermilk and non-fat dried milk. This food group also contains cheeses, yogurt, ice cream, and other milk-based foods.

The recommended amount for the elderly is two or more servings daily. One serving consists of the following:
- 1 cup of milk
- 1 cup of yogurt
- 1 1/2 ounces of natural cheese
- 2 ounces of processed cheese

Other equivalents of this group include the following:
- 1/2 cup cottage cheese = 1/3 cup milk
- 1 ounce cubed or sliced cheese = 3/4 cup milk
- 1/2 cup ice cream = 1/4 cup milk

A SENSORY VARIETY GUIDE

The five senses should be considered when using the food groups to plan meals. Consider sight, smell, taste, touch, and hearing to plan interesting, exciting, and enjoyable meals. In selecting foods from the food groups, the caregiver should consider the following for ***sensory variety***:

- Foods should be attractively combined by color. Use a variety of colors for each meal. If needed, add a colorful garnish such as parsley or carrot curls.
- Avoid using the same flavors in a meal. For example, tomatoes should not be served in soup, salad, and sauce in one meal or apples in sauce, beverage, and pie in one meal.
- Select foods that have flavors that go with each other. For example, spaghetti is mild and goes with meat sauce which is highly seasoned. Ham goes with pineapple, liver with onions, and roast pork with apples.
- Select foods with a variety of shapes and sizes. For example, roast beef with peas is better than meatballs with peas.
- Serve foods with different textures in a meal. Add interest by using soft, chewy, and crisp foods.
- Use more than one method of preparation for a meal. Do not have everything fried, creamed, baked, or broiled. Use a combination of these.
- Serve foods with a variety of temperatures. For example, serve a hot oven meal with a cold salad and ice cream on warm pie.
- Know the likes and dislikes of the person for whom you are preparing or planning meals.
- Know the surroundings in which the meal will be eaten. If it is for an elderly person dining alone, the caregiver might suggest eating in front of the television.

FACTORS THAT INFLUENCE FOOD INTAKE

It is important that the caregiver recognize the various factors that influence food intake of the elderly. Several factors influence the food intake and nutritional status of the elderly including physiological changes, psychological changes, and social changes. Degenerative changes become more rapid after the age of sixty. Some of the physiological changes that frequently occur include the following:

- increased percentage of body fat
- decreased energy level
- reduced physical activity
- less efficient digestion and absorption of some nutrients
- decreased senses of smell and taste
- loss of teeth
- increased periodontal disease

All these physiological changes can influence the nutritional needs and status of the elderly.

Physical factors that influence food intake include the following:

- loss of smell and taste
- lack of physical activity
- dental problems
- constipation and diarrhea
- physical weakness
- chronic disease
- drug interference
- less efficient digestion
- less efficient absorption of some nutrients
- flatulent problems

Psychological changes are sometimes more influential in the nutritional status of the elderly. Depression that accompanies retirement or financial problems imposed by a fixed income are just two of the psychological changes that are encountered by many elderly persons.

Psychological factors that influence the food intake of the elderly include the following:

- emotional depression
- lifetime eating habits
- personal taste preference
- loss of appetite
- lack of socialization with meals

Social factors that influence the nutritional status of the elderly include the following:

- financial restrictions
- inconvenience of food preparation
- inability to adapt to unfamiliar surroundings, such as a long-term care facility or hospital
- inaccurate dietary beliefs

All these different factors can influence the nutritional status of the elderly. This is not to say that all senior citizens are faced with all these changes and problems. Most of the elderly are happy, healthy, active, and well-adjusted individuals.

DIETARY DEFICIENCIES AND DISEASES

It is estimated that one-third to one-half of the health problems experienced by the elderly are nutrition related. When the elderly consume less than the recommended number of servings from the different food groups, the risk is that one or more nutrients may be consumed in less than adequate amounts. For example, those who do not eat or drink dairy products are likely to consume too little calcium to meet their needs.

The most common dietary deficiencies that the elderly experience are related to low intake or utilization of iron, vitamins A and C, and calcium. Iron is found most abundantly in liver. Other good sources include beans, dried fruits, egg yolks, enriched breads and cereals, and oysters.

A good source of vitamin A should be included in the diet every other day. Vitamin A helps to resist respiratory infections and to ward off night blindness. Good sources of vitamin A are dark-green leafy vegetables, liver, and yellow fruits and vegetables. Examples of vegetables and fruits that provide vitamin A include the following:

- apricots
- broccoli
- cantaloupe
- carrots
- chard
- collards
- cress
- kale
- leaf lettuce
- mango
- persimmon
- pumpkin
- spinach
- sweet potatoes
- turnip greens
- winter squash

One serving of a good source of ***ascorbic acid***, or vitamin C, should be eaten daily. Vitamin C helps to keep bones, teeth, and gums healthy. It also helps to resist infection and disease and increases the speed of healing wounds. Examples of vegetables and fruits that provide good sources of vitamin C include the following:

- broccoli
- brussel sprouts
- cabbage, raw
- cantaloupe
- collards
- grapefruit
- kale
- lemons
- melons
- mustard greens
- oranges
- potatoes
- strawberries
- tangerines
- tomatoes

Calcium requirements grow higher with age. Calcium is a major component of teeth and bones. Older bones are more brittle and calcium helps to strengthen them. Good sources of calcium are milk and milk products, green leafy vegetables, and oranges. Doctors are finding more cases of ***rickets***, a bone deficiency disease, among the elderly due to insufficient levels of calcium. ***Osteoporosis,*** a loss of bone, has long been associated with low levels of calcium.

Protein is needed for energy, bones, and tissues. Certain specific conditions result from an insufficient protein supply such as greater susceptibility to infection, mild forms of anemia, and slower healing of wounds and bones. Lack of protein, along with lack of calcium, can also lead to osteoporosis.

Obesity is another problem that many elderly people face. If too many fat-rich, sweet foods are consumed, weight gain is inevitable. These foods contain few nutrients and often exceed the caloric needs of the elderly before fulfilling their nutrient requirements. The elderly should avoid rich sauces, gravies, fried foods, and sweets because they contain few nutrients, are high in calories, and are not efficiently digested by many elderly persons.

Failure to eat is another problem for some elderly. Some of the possible causes of this problem include the following:

- loss of teeth
- ill-fitting dentures
- expense of food
- lack of transportation to and from supermarkets
- little desire to prepare meals
- loss of appetite

More Americans over the age of forty die from ***cardiovascular disease*** than from any other illness. Cardiovascular disease can be any disease related to the heart and blood vessels. ***Atherosclerosis***, or hardening of the arteries, is caused by a buildup of fatty or fibrous material called ***plaque*** on the inside walls of blood vessels. This buildup of plaque prevents blood from flowing freely through arteries that lead to the heart, and can result in a heart attack.

Plaque is a solid material that contains an odorless, soft, fat-like substance called ***cholesterol***. A high level of cholesterol in the blood is one of the contributing factors associated with the development of atherosclerosis which leads to cardiovascular disease. Cholesterol is found in every cell and performs several important functions in the body. Sufficient levels of cholesterol needed for body functions are already manufactured in the liver; therefore, dietary sources of cholesterol are not necessary. Blood cholesterol levels are influenced by age, diet, genetic factors, gender, physical activity, and weight. When cholesterol levels in the blood are lowered, so is the risk factor of developing cardiovascular disease. Dietary changes can significantly contribute to lowering the risk factor of developing cardiovascular disease.

The dietary goals for lowering blood cholesterol levels include the following:

- reduce total fat intake to 30 percent of total calories
- include plenty of whole grains in the daily diet
- eat fish more often
- increase consumption of fiber-rich fruits and vegetables
- add the many varieties of legumes to the daily diet more often, such as dried beans and peas and soybeans
- include nonfat or low-fat milk and milk products every day
- reduce the cholesterol-rich foods in the diet, especially organ meats, egg yolks, shellfish, and fatty red meats

Poor nutrition throughout one's lifetime can have far reaching effects on a person's health by the time he or she reaches the age of sixty. It is never too late, however, to improve one's health by adopting sound eating habits. All age groups, both young and old, can reap continuous physical benefits from eating a well-balanced, nutritious diet.

Health, Digestion, and Metabolism

Providing nutrient dense meals to elderly persons is a key factor in the prevention of many health problems. The recommended daily dietary guidelines are valuable tools for investing in the maintenance of good physical health. In order for the body to benefit from the nutrient dense foods that are ***ingested*** (taken into the body by swallowing), the body goes through a process called digestion. ***Digestion*** is the process that the body goes through to break foods down into microscopic pieces. These microscopic pieces will then become accessible to all parts of the body at the cellular level.

The ***digestive system*** is the body system that is responsible for the breakdown of ingested foods into microscopic pieces. Food travels through the parts of the body involved in the digestive system in the following order:
1. mouth
2. ***esophagus*** (throat)
3. stomach
4. small intestine
5. large intestine

Elderly persons frequently suffer from physical difficulties within the digestive system. Poor dental health or the absence of teeth will affect chewing foods properly; difficulty swallowing can occur as a result of dry mouth from certain medications; diminished muscle tone in the stomach and intestines can be the result of lack of exercise or taking certain medications; and intestinal complaints are frequently caused by emotional distress related to the many different adjustments that so many elderly persons experience. (See figure 14.3.)

Four body organs that play critical roles in the process of digestion include the following:
- ***Salivary Glands***—produce saliva which helps to break down foods that are chewed.
- ***Liver***—produces, modifies, and stores nutrients and chemicals needed by the body.
- ***Gallbladder***—secretes a substance called bile into the small intestine that helps break down fats.
- ***Pancreas***—secretes a substance into the small intestine that helps in the digestive process.

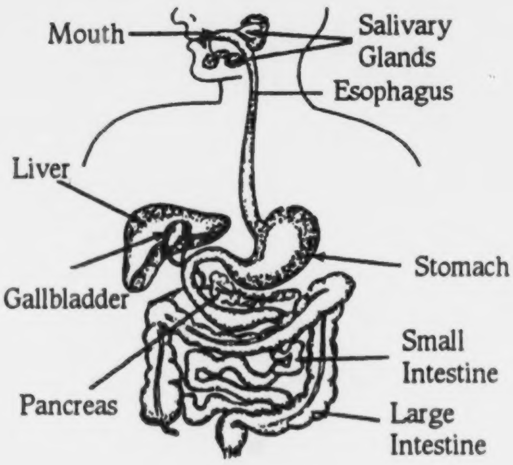


Figure 14.3

Diseases or difficulties related to the salivary glands, liver, gallbladder, or pancreas will most likely affect the normal functioning ability of the elderly person's digestive system.

After food is digested, it is then ready for ***absorption*** or the taking in of nutrients into the body tissues and body fluids. Most of the absorption of nutrients occurs in the small intestine although some occurs in the large intestine. Following digestion and absorption—nutrients are ready to be turned into energy. The process of nutrients being changed into energy is called ***metabolism***. The energy produced as a result of metabolism is used for body growth, and for the maintenance of body tissue and body temperature, as well as for physical and mental activity.

Basic metabolic rate is the rate of energy need that a person's body requires when at rest. As a person ages, metabolic rate decreases, thus decreasing the amount of energy required to maintain healthy body functioning. (The energy values of foods are called ***calories***.) Therefore, if less energy is needed to maintain the body of an elderly person than that of a seventeen-year-old student, then the elderly person should consume fewer calories than the student with the higher metabolic rate. (There are some health related factors not mentioned here that can affect the metabolic rate of individuals.) Refer to figure 14.4 on how to determine the minimum amount of calories that a person needs daily.

It is important that the elderly person consume the proper amount of calories required by his or her body. If too many calories are consumed on a daily basis for any period of time, weight gain will be inevitable. If, on the other hand, not enough calories are consumed on a daily basis over any period of time, weight loss will occur. Elderly persons who are either overweight or underweight could be aggravating or complicating an already difficult health problem, such as an elderly person with already weakened knee joints who becomes overweight or an elderly person who loses weight (thus valuable energy stores) prior to undergoing a lengthy surgical procedure.

Much of the health of elderly persons is determined by how their bodies digest and metabolize the foods that they eat. Caregivers can help elderly persons with their nutritional needs by offering nutrient dense foods in the proper amounts needed to fulfill their daily caloric requirements.

Calculating Calorie Requirements

Present Body Weight: ____________________

❶ Change body weight from pounds to kilograms by dividing the body weight by 2.2
(2.2 pounds = 1 kilogram).

Body Weight ________________/2.2 = ____________ kilograms

❷ Multiply the number of kilograms of body weight times 24
(hours per day).

Body Weight in kilograms ____________ x 24 = ____________Basic Metabolic Rate

❸ Multiply the answer in step 2 by .50 (50 percent)

Answer Step 2 _______________ x .50 = _____________

❹ Add the answers in steps 2 and 3. The sum is the daily minimum calorie requirement.

Answer Step 2 ___________ + Answer Step 3 ____________

= _____________ Minimum Calorie Requirement

Figure 14.4

Points to Remember

☐ Nutrition may be more important in the later stages of life than any other stage due to ailing body systems, chronic disorders, and increased use of medication.

☐ The diet of the elderly person must be nutrient dense.

☐ There are six food categories containing similar nutrient values: Breads, Cereals, Rice, and Pasta; Vegetables; Fruits; Meat, Poultry, Fish, and Alternates; Milk, Yogurt, and Cheese; and Fats, Oils, and Sweets. The first five categories are known as major food groups and the last category (fats, oils. and sweets) is referred to as "extra".

☐ The Food Guide Pyramid: A Guide to Daily Food Choices provides guidelines for determining the number of servings needed each day from all five major food groups.

☐ The five senses, sight, smell, taste, touch, and hearing, should be considered in using the food groups to plan interesting, exciting, and enjoyable menus.

☐ Several factors influence the food intake and nutritional status of the elderly, including physiological, psychological, and social changes.

☐ Degenerative changes become more rapid after the age of sixty.

☐ It is estimated that one-third to one-half of the health problems experienced by the elderly are nutrition related.

☐ The most common dietary deficiencies that the elderly experience are related to low intake or utilization of iron, vitamins A and C, and calcium.

☐ Calcium requirements grow higher with age.

☐ Rickets and osteoporosis are just two diseases associated with low levels of calcium.

☐ Behavioral and psychological changes can occur if the diet has been insufficient over a long period of time.

☐ Obesity and failure to eat are two additional problems that the elderly may face.

☐ In order for the body to benefit from the nutrient dense foods that are ingested, the body goes through a process called digestion.

- ☐ Elderly persons frequently suffer from physical difficulties within the digestive system.
- ☐ Diseases or difficulties related to the salivary glands, liver, gallbladder, or pancreas will most likely affect the normal functioning ability of the elderly person's digestive system.

Words to Know

absorption
atherosclerosis
ascorbic acid
basic metabolic rate
cardiovascular disease
cholesterol
digestion
digestive system
empty-calorie foods
enriched
esophagus
gallbladder
ingested
liver
major food groups
metabolism
nutrient dense
osteoporosis
pancreas
plaque
rickets
salivary glands
sensory variety

Review

1. Name three reasons why nutrition is so important in the later states of life.
2. Why should an elderly person's diet be nutrient dense?
3. Name three foods that fit into each of the six categories of foods.
4. List the recommended number of servings and serving sizes for each of the five major food groups.
5. Name five good sources of vitamin C and vitamin A.
6. Describe three physical factors that can influence one's food intake.
7. Describe a psychological and a social factor that can influence one's food intake.
8. What are the most common dietary deficiencies that the elderly experience?

9. Discuss the importance of considering the five senses when planning menus.

10. List reasons why some elderly may fail to eat.

11. Place the following processes in the correct order of occurrence:
a) absorption b) ingestion c) metabolism d) digestion

12. Identify the five areas of the body that foods travel through during the digestive process.

13. What two specific things can the caregiver do to help the elderly person with his or her nutritional needs?

15

Menus and Diets for the Elderly

ESSENTIAL ELEMENTS

- ☐ Plan diets to meet special needs.(n3C)
- ☐ Relate food preparation and service techniques to retention of nutrients.(n3D)

OBJECTIVES TO ACHIEVE

- ☐ Point out factors to consider in planning meals for the elderly.
- ☐ Explain the use of cycle menus.
- ☐ Demonstrate an ability to use the menu planning form.
- ☐ Describe regular diets.
- ☐ Describe the most commonly used modified and therapeutic diets.
- ☐ Relate food preparation and service techniques to retention of nutrients.

Good food is essential to good health at any age. Generally speaking, the nutritional needs of the elderly are the same as those of younger adults. The food tastes and eating habits of the elderly have been built up over decades. Some of the elderly will eat too little and have to be coaxed to eat more; others will eat so much food they become obese and overweight. Depending upon the place of employment, the caregiver will assume various duties in food service. In some situations, the caregiver will assist with serving meals and between meal nourishment, preparing the elderly for mealtime, assisting those who need help in getting to the table, and preparing trays. In other situations, the caregiver will be involved in shopping for groceries, preparing meals, following instructions for special diets, cleaning up after meals, and perhaps situations feeding the elderly person.

MENU PLANNING

The caregiver may be totally responsible for planning and preparing meals or have little or no responsibility depending on the setting in which the caregiver is working. Well-planned meals should look attractive, taste good, provide the necessary nutritional requirements, satisfy the tastes and needs of the individual, and be within budget. The caregiver who has the responsibility of planning meals will find that the following steps for menu planning will make the job easier:

- Set aside a definite time to plan and write menus.
- Have a quiet place to work. The job will be harder and take longer if there are frequent interruptions.
- Have a handy list of the food in the pantry and refrigerator, a listing of the foods featured in grocery ads, and a recipe book.
- Review menus of the previous week to avoid repetition of methods of preparation and combinations of foods used.
- Check carefully that all servings recommended from each food group are included daily.
- Check to see if each meal offers sensory variety (flavor, temperature, and texture).
- Know the budget available.

Planning Cycle Menus

Planning cycle menus may be one of the normal duties of the caregiver in a private home situation. The caregiver will need to understand how a cycle menu operates and why it is used.

Cycle menus are a set of carefully planned menus that often cover a period of one to four weeks. When the period is completed, the cycle is repeated again. Since different foods are available in each season, a different set of cycle menus may be developed for winter, spring, summer, and fall. Once they are made up, they can be used over and over with minor changes. Cycle menus improve buying of food, provide better use of the caregiver's time, help to make food preparation easier, and save money.

Cycle menus do not mean an end to menu planning. Before using each menu of the cycle, the menu should be looked over to see if any changes are needed. Sometimes a food selected for a certain day may not be available, and a substitution will need to be made. As the menus are used, a record should be kept of how well they are liked, the recipes, the amounts of food prepared and leftover, and other useful information. This information aids in improving menus in other cycles.

The first step in developing cycle menus is to decide on the length of the cycle. It must not be so short that the menus are repeated too often and become monotonous. A cycle of one week is usually the shortest period of time. Four or five weeks may be better. The same steps are used in planning cycle menus as in planning any menu. Cycle menus for modified diets may be developed to go along with regular menus.

Using the Menu Planning Form

Menu planning is a process that consists of determining which food items are to be served and when they are to be served. The menu planning form is a helpful tool for meal planning. The form lists each meal and the types of foods needed to be included in the daily diet. Refer to table 15.1 for a sample menu planning form.

With the food groups, the sensory variety guide, and the menu planning form, the caregiver can take the first step toward meal planning. Special care in menu planning takes little time or money, but adds to the enjoyment of meals. For example, holidays offer opportunities to add interest to meals. Some holidays for the caregiver to remember are Valentines's

Menu Planning Form

Day of the Week	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Breakfast							
Fruit or Juice Cereal and/or Eggs Toast or other Bread Beverage							
Dinner or Main Meal							
Meat (any type) Potato or Substitute Vegetable Salad or Relishes Bread Desert or Fruit Milk or other Beverage							
Lunch or Supper							
Soup or Juice Main dish - Eggs and CheeseVegetable (raw or cooked) Bread Desert or Fruit Milk or other Beverage							

Table 15.1

Day, Washington's Birthday, St. Patrick's Day, Easter, Independence Day, Thanksgiving, Christmas, Hanukkah, and New Years Day. A birthday cake on the person's birthday would be thoughtful.

DIETS

The planning of the elderly person's "special" diet is not one of the usual duties of the caregiver, but rather is the responsibility of a dietician or medical doctor. However, the caregiver should have a thorough understanding of the various diets that are prescribed for the elderly. The caregiver should be aware of the extreme importance of following a prescribed diet. If the elderly are given food which is not on their diets, a very serious health problem could develop. Meal trays should always be checked and food that does not belong on the diet should be removed before serving the elderly person. The diet orders should always be checked before adding anything to the tray—salt, pepper, sugar, additional foods—even if the elderly person assures the caregiver that the wanted item is on the diet. When not sure about an item, the caregiver should check with the person in charge.

General Diets

The general or regular diet is based on a normal adequate diet and includes foods in the recommended amounts from each food group. Most people are on a regular diet. An elderly person may be placed on a special diet for a short time due to special conditions such as recent surgery. Having a choice about the food one eats is very important. Food is more likely to be eaten if the person is able to choose it. Any diet is successful only if foods that should be eaten are eaten and foods that should not be eaten are not eaten.

Modified and Therapeutic Diets

A ***therapeutic diet*** is used to improve a person's health. When a doctor feels that certain changes should be made in a person's diet, the doctor gives orders in exactly the same way that medicines or any other treatment would be ordered. Therefore, emphasis should be placed on allowed foods, rather than on a long list of foods to avoid. An elderly person will accept a therapeutic diet more readily if he or she is aware that the diet is an important part of the doctor's treatment. Some of the more commonly used modified and therapeutic diets are discussed below.

Liquid Diet. A ***liquid diet*** is prescribed for the very ill person, or the person who has a hard time chewing or swallowing. Because liquids leave the digestive system quickly, they are less irritating than solid foods. Mealtimes for persons on liquid diets usually occur at least six times each day. Liquid diets may be one of two types:

- A ***clear-liquid diet*** includes flavored liquids with no solid particles. The liquid supplies very few nutrients, but does give the body necessary fluids. A clear-liquid diet is usually prescribed for one or two days. Examples: gelatin, broths, tea, some carbonated beverages, apple juice.
- A ***full-liquid diet*** usually follows the clear-liquid diet as the person improves. The properly planned full-liquid diet meets all the nutritional needs of a person. Therefore, if necessary, a person can stay on this diet for a longer length of time. Cream may be added to milk to increase caloric value and to reduce hunger pangs. Examples: milk, eggnog, citrus and other juices, broth, coffee, tea, carbonated beverages, gelatin, sherbet (no pulp, cereal, gruel, and strained vegetable juices).

Soft Diet. This diet generally follows the full-liquid diet and leads to the general or regular diet. The soft diet may be used for someone with a serious infection, someone recovering from surgery, or one who is too weak to make an effort to chew. The ***soft diet*** contains all the nutrients and consists of soft-textured foods that are easily digested. Examples of soft textured foods include milk, soft cooked eggs (not fried), tender or chopped meats (not fried or highly seasoned), potatoes and selected cooked vegetables, and some cereals (not hot breads). Raw fruits and vegetables are not permitted, and tough meats should be avoided. Coffee and tea are usually limited.

Bland Diet. The diet is sometimes given after full-liquid diets or for persons with internal problems. The ***bland diet*** consists of foods with flavors not especially sweet, sour, sharp, bitter, or strong. Examples of bland foods are applesauce, ripe bananas, creamed soups, vanilla ice cream, sugar cookies, cooked pears, cottage cheese, plain gelatins, plain cake, plain custards and puddings, milk, macaroni, potatoes, soft eggs, rice, bread, and cereal products such as farina and cream of wheat. Foods with coarse fibers should be omitted such as onions, dried beans, cabbage, and cauliflower. Coffee and tea should be limited or omitted because of the stimulating effects of caffeine.

Diabetic Diet. A ***diabetic diet*** is specifically designed for persons whose bodies have impaired tolerance of glucose or carbohydrate foods. Diets used to control diabetes are planned to be nutritionally adequate for the person. With the diabetic diet, an exchange list is used to limit amount and types of certain foods. The ***exchange list*** divides foods into six food groups. The amounts of foods in each group have similar food values, making it possible for one food to be substituted for another food in the same group.

The purpose of the exchange list is to provide variety and satisfying foods in the diet. This list is also used in weight reduction diets and for diets of some people with cardiovascular disease. An example of an exchange for one slice of bread is 1/2 cup cooked cereal or 1/2 cup mashed potato. Foods are measured with standard equipment to control amounts of specific foods. Use of the exchange list makes it easier to provide a diet as near a normal diet as possible.

In diabetes, the body is unable to use carbohydrates properly. Some mild cases of diabetes in elderly persons can be controlled by diet, and no medications are necessary. A diet for a person with diabetes should not be thought of as a "special diet," but rather as a modification of a normal diet. With the exception of carbohydrates, the person with diabetes requires the same nutrients as a person on a general diet.

It is the responsibility of the elderly person's doctor to prescribe the exact amounts of protein, fat, and carbohydrate in each diet for the diabetic. It is up to the person in charge, or in some situations the caregiver, to see that these orders are carefully followed.

Calorie-Restricted Diet. These diets are usually for losing weight. With the ***calorie-restricted diet*** the calorie content is limited, but the diets are nutritionally adequate. The exchange list system is often used when planning diets for weight reduction. Fad diets often recommend only a few items and may provide weight loss, but are nutritionally inadequate. Any reducing should be done under the direction of a doctor. Skipping meals is no aid in calorie-restricted diets because it only makes the individual more eager to eat the next meal; therefore, one eats more.

Controlled-Calorie Diet. A ***controlled-calorie diet*** is used to maintain weight without gaining or losing. When the desired amount of weight has been lost, calorie intake must be adjusted to maintain the loss. This makes it necessary for the individual to relearn eating habits in order to keep the weight off. Exchange lists are used in controlled-calorie diets.

Fat-Restricted Diet. A ***fat-restricted diet*** is used for persons with liver, gallbladder, and cardiovascular disease. Although nutritionally adequate, this diet may be low in calories due to the strict fat limitations. These diets may be supplemented by additional amounts of protein and carbohydrate when advisable. The elderly person should be made to understand the importance of diet and that failure to follow the prescribed diet may cause one's illness to return, or that it may take longer to recover.

Sodium-Restricted Diet. A ***sodium-restricted diet*** is generally used when there is swelling related to heart conditions or toxemia. The diet is planned to be nutritionally adequate, with limited amounts of salt. Foods that should be avoided include bacon, ham, corned beef, olives, sauerkraut, sausage, potato chips, salty crackers, pretzels, saltwater fish, and shellfish.

A person on a low-sodium diet may have little appetite for meals, especially when the diet is severely restricted in salt. Therefore, the person's foods should be made as attractive and tasty as possible. This can be done by planning meals that provide a variety of colors, textures, and flavors. Sometimes raw vegetables and fruits are accepted better than cooked vegetables. One trick to increase the apparent saltiness of foods is to sprinkle it with a small amount of lemon juice. Salty and sour tastes are closely related.

RETENTION OF NUTRIENTS

The body needs nutrients for nourishment. ***Nutrients*** are chemical substances found in food. Each nutrient has a specific use in the body, but no nutrient can function independently. The nutrients needed by the body include proteins, carbohydrates, fats, vitamins, and minerals.

No single food contains all the nutrients needed for life. Eating a wide variety of foods every day is important to ensure that the body gets all of the nutrients it needs to function efficiently.

The body also needs water as a nutrient. The average person needs six to eight glasses of water each day. Water makes up most of our blood, which carries nutrients to the cells of the body. Water aids digestion and absorption of food, regulates body temperature, lubricates moving parts of the body, and aids in the elimination of body wastes.

When working in services for the elderly, especially in home care situations, the caregiver may be responsible for preparing food for the elderly. When preparing food for the elderly, the caregiver will find the following guidelines for the retention of nutrients helpful.

Protein. Protein contains amino acids necessary to produce and repair cells and control body processes. Protein's ease of digestion is affected by cooking. Protein coagulates or hardens when cooked. Cooking a protein food a long time with dry heat or with high heat hardens the protein. Protein foods should be cooked at a low heat until just done. This makes them easier to digest.

Carbohydrates. (Sugar, Starch, and Cellulose—the body's main source of energy). In cooking, sugars dissolve in water. Starches mix with water and thicken when cooked. Water in which fruits and vegetables are cooked should be saved for use in soups, sauces, and gravies to enhance their nutritional value.

Fat. (Saturated, Unsaturated, or Polyunsaturated, and Cholesterol). Cooking has little effect on the nutritive value of fat except at very high temperatures. Fat which is allowed to smoke at high temperatures may give food a disagreeable taste and make it more difficult to digest.

Fat-Soluble Vitamins. (Vitamins A, D, E, and K). Fat-soluble vitamins are not easily lost in cooking. They neither dissolve in cooking water nor are destroyed by heat.

Water-Soluble Vitamins. (Vitamin C and those vitamins included in the vitamin B complex; thiamine, niacin, and riboflavin). Water-soluble vitamins are easily lost during the storage and preparation of food. Store vitamin C foods in a cool, dark place in a covered container. Prepare, cook, and serve food as quickly as possible. Soaking fruits and vegetables in water allows water-soluble vitamins to be lost. Instead, fruits and vegetables should be washed with cold water and sprayed before cutting or chopping. To minimize vitamin loss during cooking, cook fruits and vegetables only until done. Save the cooking water for use in soups, sauces, and gravies. Avoid adding soda to green vegetables when cooking because it will destroy water-soluble vitamins.

Minerals. (Minerals: Calcium, phosphorus, sodium, chloride, potassium, and magnesium; Trace minerals: iron, iodine, fluorine, zinc, copper, sulfur, manganese, chromium, and molybdenum). Minerals are soluble in water. They can easily be lost in cooking. To prevent mineral loss, do not soak vegetables during preparation. Cook vegetables in only a small amount of water. Save the cooking water to use in soups, sauces, and gravies.

Points to Remember

- ☐ Well-planned meals should look attractive, taste good, provide necessary nutritional requirements, satisfy needs and tastes, and be within one's budget.
- ☐ Cycle menus are a set of carefully planned menus that often cover a period of one to four weeks.
- ☐ Cycle menus improve buying of food, provide better use of the caregiver's time, help to make food preparation easier, and save money.
- ☐ The menu planning form lists each meal and the types of foods needed to be included in the daily diet.
- ☐ Planning "special diets" is the responsibility of the dietitian or medical doctor.
- ☐ Most elderly people are on regular diets.
- ☐ Any diet is successful only if the food is eaten.
- ☐ An elderly person may be placed on a "special diet" for a short period due to a special condition, such as recent surgery.
- ☐ A therapeutic diet is used to improve a person's health.
- ☐ Some of the more commonly used therapeutic diets are the liquid diet, soft diet, bland diet, diabetic diet, calorie-restricted diet, controlled-calorie diet, fat-restricted diet, and sodium-restricted diet.
- ☐ The nutrients needed by the body include proteins, carbohydrates, fats, vitamins, minerals, and water.

Words to Know

bland diet
calorie-restricted diet
clear liquid diet
controlled-calorie diet
cycle menus
diabetic diet
exchange list
fat-restricted diet
full-liquid diet
liquid diet
menu planning
nutrients
sodium-restricted diet
soft diet
therapeutic diet

Review

1. What are four requirements of a well-planned meal?
2. What is a cycle menu?
3. What are the advantages of cycle menus?
4. What is the menu planning form?
5. Who has the responsibility of planning a "special diet"?
6. What is the difference between a general or regular diet and a therapeutic diet?
7. Name three therapeutic diets that are commonly used with the elderly.
8. How is an exchange list used to control the amounts of certain foods?
9. What is a sodium-restricted diet?
10. Name the two types of liquid diets and explain the difference in the two.
11. Name the nutrients needed by the body.
12. Why is the retention of nutrients important in cooking?

16

Mealtimes for the Elderly

ESSENTIAL ELEMENT

- ☐ Determine strategies for facilitating self-help.(n3G)

OBJECTIVES TO ACHIEVE

- ☐ Demonstrate an ability to assist with dining room service.
- ☐ Demonstrate an ability to assist with tray service in the person's room.
- ☐ Demonstrate an ability to present the tray.
- ☐ Describe the techniques for serving extra nourishment.
- ☐ Demonstrate an ability to remove the tray.
- ☐ Identify the steps to use when assisting in feeding the elderly.
- ☐ Describe eating aids which are available to the elderly.

Eating should be an enjoyable experience for the elderly. Most elderly people look forward to mealtime. It gives them a chance to anticipate something and to socialize. Some of the elderly will eat their meals in the dining room, others may be served in their rooms, either in a chair or in bed, yet others may eat in their own homes in front of a television or at the dining table.

In some cases, the caregiver may need to assist the elderly person with eating due to physical problems or limitations. The caregiver should only feed the elderly person if instructed to do so by the doctor or person in charge. It is important for caregivers to encourage elderly persons to do as much for themselves as possible.

DINING ROOM SERVICE

The caregiver should assist elderly persons if they need help to the table. Some persons will walk to the table while others may be in wheelchairs or walkers.

If the person needs support, the caregiver should walk arm-in-arm with the elderly person, placing his or her hand on top of the elderly person's hand. If the elderly person stumbles or starts to fall the caregiver can quickly change hands and the near hand can encircle the waist of the person to broaden the brace of support.

The caregiver should check that everyone has been served and that each person has everything needed—silverware, napkin, and straw or drinking tube. The caregiver should also check that napkins are in place, either in the lap or tucked in at the neck. It is important to learn the eating habits of each elderly person. Some individuals will need encouragement to eat; others will want second servings. The caregiver should never rush or hurry the elderly person to eat. If food or drink is spilled during the meal, the caregiver should wipe it up immediately, drawing as little attention as possible to the accident. The caregiver can offer assistance to individuals who need help buttering bread, cutting meat, and pouring drinks. It is important to encourage elderly persons to do as much for themselves as possible.

When the person has finished eating, the caregiver can look to see what has been eaten. If very little was eaten, the caregiver should report it to their supervisor or other person that may be in charge.

The caregiver should assist elderly persons needing help away from the table. The hands and face of some of the elderly may need to be washed after the meal. Elderly persons should never be left in the dining room after a meal. The caregiver may also have the responsibility of making sure the dining room is clean and neat after the dishes are removed.

TRAY SERVICE IN THE PERSON'S ROOM

The caregiver should help the elderly person get ready before trays arrive so the food can be eaten warm. The caregiver should first assist the person to the bathroom or offer the bedpan or urinal. The caregiver may need to assist elderly persons in washing their hands if they are having difficulties washing their own hands. If the person can get out of bed, it may be the task of the caregiver to assist the person into a chair or wheelchair. To assist the elderly person to a wheelchair or a straight chair with arms, the caregiver should place the wheelchair or chair, facing the foot of the bed, at a forty-five degree angle to the bed. The caregiver should raise the footrests and set the brakes of the wheelchair and lower the person's bed if it is not already low. The caregiver can help individuals sit up with their legs over the side of the bed. The caregiver should check that the person's feet are on the floor or foot rest. After letting the elderly person rest a few minutes, the caregiver can help with putting on a robe and slippers, if needed. To help the person stand, the caregiver should place his or her arms under the elderly person's arms and put his or her hands on the person's back. When the person is standing, the caregiver can have the person turn directly in front of the wheelchair or chair. The person should put an arm on the wheelchair or chair arms, and the caregiver can guide the person gently into the chair or wheelchair, checking that the person's hips are all the way back in the seat.

In some situations, the caregiver will need to raise the head of the bed if the person is confined to bed. Before moving the bed, the caregiver should check with the person in charge to make sure it is permitted and that the elderly person can tolerate sitting up in bed. The caregiver should also check that the ***signal cord*** (the device that the elderly person can press or squeeze to summon the assistance of a staff member when in need) is in reach of the person. A napkin or bib should be placed on the person.

Presenting the Tray

Caregivers should wash their hands before presenting a tray. The tray card should be checked to make certain it is going to the right person. Some elderly persons will want to have assistance with cutting meat, buttering bread, and pouring coffee or tea. The elderly should be encouraged to do as much as they can during the meal. After all of the elderly persons have received trays, the caregiver should check back at intervals to see if anything is needed. The caregiver, through friendly and cheerful conversation, can encourage a reluctant or slow eater, but the caregiver should never rush or hurry the person.

Removing the Tray

When the person has finished eating, the caregiver should take the tray. Before removing the tray, the caregiver should take notice of what the person has eaten. When an elderly person eats very little, the caregiver should report it to the supervisor or the person in charge. After removing the tray, the caregiver should determine if the person needs to be assisted with washing hands and face. The person should be made comfortable—the head of the bed may need to be put down, or the person may need assistance in moving from the chair or wheelchair to the bed. The caregiver should apply the brakes or footrests on the chair, then have the elderly person place both hands on the armrests of the chair or wheelchair, slide forward on the seat, and put both feet flat on the floor. The caregiver can assist the person in standing up, sitting on the edge of the bed, and in removing the shoes, slippers, or robes. The caregiver should see that the person is comfortable and should check that the signal cord is within the person's reach before leaving the room.

FEEDING THE ELDERLY PERSON

In some situations, the caregiver will need to feed the elderly person, especially in a private home. The caregiver should make individuals comfortable and encourage them to do as much as possible. The caregiver can prepare the person for mealtime by washing hands, setting the person up in a chair or wheelchair, or by elevating the head of the bed. Some elderly persons may prefer to eat in the dining room even though they will need to be fed.

Prior to assisting the elderly person with his or her meal, caregivers should first wash their hands. The tray should then be placed on the over-the-bed table or other table located in the dining room. The caregiver should sit beside the person and arrange the napkin. Making sure the food is not too hot, the caregiver should feed the person slowly, never filling the fork or spoon more than half full. A spoon is often the easiest to use. The caregiver should always make sure that the person chews and swallows the food before giving the person more food. When the person has finished eating, the caregiver should wipe the person's mouth, wash the hands and face if needed, check that the person is comfortable, put the head of the bed down if the person desires it, and check that the signal cord is within reach.

When assisting a person with impaired vision at mealtime, the tray should always be arranged in the same way, for example, the drink in the upper right hand corner and salt and pepper on the left side of the drink. It is helpful if the food on the dinner plate is arranged like the face of a clock—for example, the meat at six o'clock, the potatoes at twelve o'clock, and the green beans at three o'clock. When giving mealtime assistance to a person with impaired vision, the caregiver should always tell individuals what they are being given to eat.

SERVING EXTRA NOURISHMENT

The caregiver may be requested to serve special ***nourishment*** (food) between meals to specific elderly persons. The extra nourishment is given to persons with special medical conditions and to those with decreased appetites. Fruit juice, eggnogs, other fluids, ice cream, flavored gelatin, and milk are often served as extra nourishment. After finding out who is to receive the extra nourishment, caregivers should wash their hands, get a tray or cart, and get the nourishment to be served. It is important to check that the right nourishment is served to the right person. The caregiver should assist elderly persons needing help with eating or drinking the extra nourishment. The caregiver should also collect the dishes and utensils when the elderly person has finished.

SELF-HELP AIDS FOR EATING

As discussed in earlier chapters, the more the elderly can do for themselves the greater their self-confidence will be. Being able to feed oneself is extremely important in boosting one's personal morale. It is often difficult for elderly persons to have to depend totally on a caregiver's assistance at mealtime.

There are several ***self-help aids*** for eating which can be purchased or made at home that can eliminate overdependence on the caregiver. Some of these self-help eating aids are discussed below.

Eating Utensils

Forks and spoons come in several different shapes and sizes which facilitate reaching the mouth. Bent utensils are useful for individuals with a limited range of motion. They are available in right or left hand styles. (See figure 16.1.) A combined knife and fork is helpful for those who are one-handed. (See figure 16.2.)

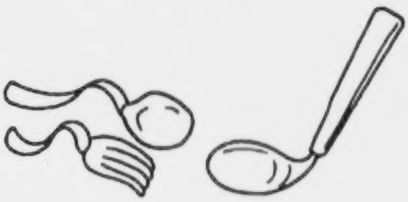


Figure 16.1

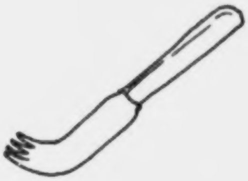


Figure 16.2

Long-handled utensils aid those with limited movement of arms and shoulders. The length and angle of the utensil are easily adjusted by tightening a set screw. The built-up handle makes gripping easier. (See figure 16.3.)

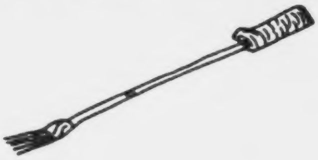


Figure 16.3

Handle Padding

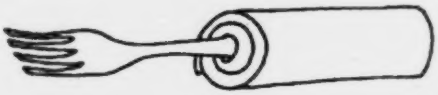
The purpose of handle padding is to enlarge the handle when limited range, weakness, or pain makes gripping difficult or uncomfortable. Padding may be attached to eating or cooking utensils, tools, crutches, canes, or any other type of handle. See figure 16.4 for other types of handle padding.

Dinnerware

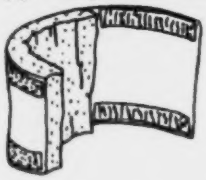
Food Guards or Plate Guards. Food guards or plate guards are especially useful for persons who are one-handed. The guards are made of plastic and stainless steel. The guard is attached to the edge of the plate to help prevent

HANDLE PADDING

Detachable Type



This type can be transferred from one object to another or can be removed for washing utensil. When firm padding is needed, this type might be difficult to attach snugly if hand is weak.



Materials: (size may be altered to suit need)

4" x 4" of 1/2" foam rubber

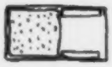
4" x 7" of leatherette, vinyl, or other easily cleaned materials

2 pieces of Velcro, 3" long, hook and pile

Construction:

1. Rivet or sew Velcro onto leatherette so that the hook is inside and the pile is on outside.

2. Glue foam rubber onto inside of leatherette.



Application:

Place utensil at edge of foam rubber and roll padding around it tightly.

Other Types

- Foam rubber wrapped around handle and covered with adhesive tape makes a quick, comfortable, enlarged handle. Fresh tape may be put on when original is soiled.
- Wood dowel, bicycle handle grips, or a rubber hose are other possibilities.

Figure 16.4

spills. Most varieties will clip onto any size plate. (See figure 16.5.)

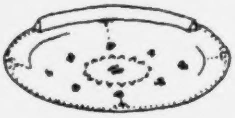


Figure 16.5

Suction Holders. Suction holders have tiny suction cups on both sides of a rubber pad. This double gripping feature will secure bowls, plates, and other items to flat surfaces. (See figure 16.6.)

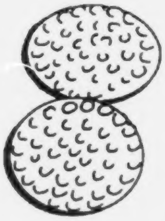


Figure 16.6

Glassware. For those with limited hand and arm movement, lifting a cup to the mouth can be difficult or even impossible. Drinking through a straw may be the only way for these persons to consume liquids. Individuals with a weak grasp or poor motor control will find glasses with large handles helpful because they can be held more securely. (See figure 16.7.)

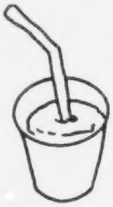


Figure 16.7

Glass Holder. A glass holder can be adjusted to hold any size glass and provides a strong, firm handle. (See figure 16.8.)

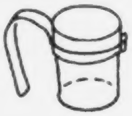


Figure 16.8

Points to Remember

- ☐ Mealtimes should be enjoyable experiences for the elderly.
- ☐ Mealtimes give elderly persons a chance to look forward to something and to socialize.
- ☐ The caregiver may assist elderly persons needing help to the table.
- ☐ The caregiver should check that napkins are in place, either in the lap or tucked in at the neck.
- ☐ The caregiver should never rush or hurry the elderly person to eat.
- ☐ The caregiver can offer assistance to individuals who need help buttering bread, cutting meat, and pouring drinks.
- ☐ When eating, elderly persons should be encouraged to do as much as possible.
- ☐ When the elderly person eats very little, the caregiver should report it to the person in charge.
- ☐ The caregiver may assist with tray service in the person's room.
- ☐ Whether individuals are eating in bed, a wheelchair, or a chair in their room, the signal cord should always be within reach of the person.
- ☐ Before presenting a tray, the tray should always be checked to make certain it is going to the right person.
- ☐ When removing the tray and before leaving the room, the caregiver should see that the person is comfortable and should also check the location of the signal cord.
- ☐ When assisting an elderly person at mealtime the caregiver should make sure the food is not too hot, feed the person slowly, never fill the fork or spoon more than half full, and make sure that the person chews and swallows the food before offering more.
- ☐ The caregiver should always tell individuals with impaired vision what they are being given to eat.
- ☐ Extra nourishment between meals is given to persons with special medical conditions and to those with decreased appetites.

☐ There are self-help aids for eating that allow the elderly to feed themselves which in turn boosts their morale and eliminates overdependence on the caregiver.

Words to Know

nourishment
self-help aids
signal cord

Review

1. Why should eating be an enjoyable experience for the elderly person?
2. When should the caregiver feed the elderly person?
3. Explain how to assist a person who needs help in walking.
4. List the ways a caregiver can assist the elderly with dining room service.
5. List the ways a caregiver can assist with tray service in the elderly person's room.
6. Describe the procedure used when presenting a tray to an elderly person.
7. Describe the procedure used when removing a tray after the person has finished eating.
8. Explain the procedures to observe when feeding an elderly person.
9. For what reasons is special nourishment served to some elderly persons between meals?
10. List some self-help eating aids that elderly persons can use when eating.

17

Exercise for the Elderly

ESSENTIAL ELEMENT

- ☐ Demonstrate knowledge of physical activities appropriate for the elderly.(n3E)

OBJECTIVES TO ACHIEVE

- ☐ Explain the importance of meeting the exercise needs of the elderly.
- ☐ Identify ways to meet the exercise needs of the elderly.
- ☐ Point out ways a caregiver can help meet the exercise needs of the elderly.

Whether employed in a private home or an elder care facility, the caregiver will be working in a situation where there is a problem that requires someone who can help. Therefore, for whatever reason, the elderly person's quality of life is not as high as it might be. If the problem is a result of an elderly person going from a very active life to a very inactive one, a caregiver can encourage the elderly person to participate in a regular fitness program approved by the person's doctor.

Some form of regular exercise is particularly important for the elderly because of their special needs for continued mobility. Joints tend to become stiff and limited in range of movement unless they are fully used. ***Neuromuscular*** (nerve/muscle) coordination deteriorates with age and there is a loss of muscle strength, which can affect balance and posture and precipitate accidents. Muscle power, tendon strength, and cardiovascular reserves can be restored and maintained with physical activity. The elderly person should be discouraged from sitting in an armchair and watching television for long periods of time. The activity need not involve strenuous effort or vigorous exercise. All it takes is a daily pattern of mild to moderate exercise. Such a regular effort pays off amply not only with a sense of well-being for the elderly person, but also by building up a reserve of strength to call upon if the need arises. Such physical reserve in an elderly person can be critical. It may determine whether one becomes confined to bed or bounces back after a fracture, an operation, or a bout of the flu.

For people who are reasonably fit, walking up and down the stairs is an excellent way to keep the body conditioned. A brisk walk is an ideal and enjoyable way of keeping fit. By walking a planned route every day, elderly persons will probably be able to increase gradually the distance they cover. As elderly persons walk, they should swing their arms fully and put a bounce in their step to improve the muscle tone of their legs. The added movement of the arms makes it by far the best exercise for the elderly.

NEED FOR EXERCISE

Physical fitness is an important factor in getting and keeping good health. Living tissue that is not exercised and used, breaks down and wastes away. So the object of ***physical fitness*** is to keep the tissues and organs of the human body healthy and working well.

Thus, physical fitness is especially important for elderly persons who have reached the age when the natural aging process of the body increases. Maintaining physical fitness can help slow down the processes associated with aging. Thus the elderly will look and feel well and be able to carry out daily duties and activities successfully. They will have increased strength and energy, as well as physical reserves to meet unusual demands and emergencies. The following benefits can result from programs of moderate, but regular exercise:

- The strength developed through regular exercise enables an individual to perform daily tasks with ease.
- The ease of movement achieved through regular exercise minimizes the effort required to perform routine tasks.
- Poise and grace come with ease of movement. They help an individual to feel comfortable and to look, feel, and work better.
- Various organs and systems of the body, particularly the digestive process, are stimulated through activity. As a result, they work better.
- Posture can be improved through proper exercise by increasing muscle tone. This not only improves appearance but can also decrease lower back pain and disability.
- Physically active people are less likely to experience a heart attack or other forms of circulatory disease than inactive people. Moreover, an active person who does suffer a heart attack is likely to have a less severe one and more likely to survive and recover. Exercise improves circulation.
- Controlling weight is often a matter of balancing calorie intake with exercise. Inactivity can be as bad as overeating in causing weight problems.
- Since physical activity can help an individual control weight, it can also aid in the prevention of certain diseases. Diseases of the heart and blood vessels, as well as diabetes and arthritis, strike the overweight more often and more seriously than they strike people who are fit and trim.
- While exercise cannot prevent stress, it can help persons cope better. For many individuals, frequent involvement in some sort of physical activity helps reduce mental fatigue, tension, strain, or simple boredom. At the same time, proper exercise is enjoyable, providing relief from tension and serving as a safe and natural tranquilizer.

MEETING THE RECREATIONAL NEEDS OF THE ELDERLY

With doctor's approval, the caregiver can assist the elderly person with exercise. Remember, the elderly should start out slowly when they begin an ***exercise program*** (daily or weekly physical activities) and build up strength gradually. The exercise program should include these three basic parts:

- ***Warm-up***—first phase of the exercise program. The body gets ready to exercise and makes muscles more flexible (five to ten minutes).

- Exercise—second and major phase of the exercise program. The body is pushed toward its target heart rate zone (twenty to thirty minutes).
- ***Cool-down***—last phase of the exercise program. The body is allowed to return to normal following vigorous exercise (five to ten minutes).

Brief periods of mild calisthenics are a good way for the elderly person to begin an exercise program. ***Calisthenics*** are useful exercises that depend upon physical stamina and include exercises such as trying to touch one's toes, moving arms forward, up and then out, and putting hands on waist and bending or squatting down and stretching. Lying flat on the floor and trying to pull oneself up is a good exercise for strengthening the stomach muscles.

REGULAR EXERCISES

The elderly person should set aside thirty minutes to an hour a day for a planned program of physical activity. The exercise time should be considered just as important as eating a proper diet or keeping clean. The caregiver can help the elderly person keep a record of the exercises performed and how many times they are repeated. One way of adding to the fun of the exercise program is to play music while the elderly person is exercising. The caregiver can select favorite tunes of the elderly person or can find music that fits the tempo of the various movements. This is particularly interesting when walking indoors. Some people will enjoy exercising while watching television. The elderly person might be interested in exercising with family or friends in each other's homes or at a local center or club.

When exercising, comfortable clothing should be worn. The elderly person should avoid tight-fitting, restrictive clothes. Shorts or slacks, fitting shoes with non-slip soles and low (or no) heels should be worn for exercising.

There can be alternatives to a daily exercise schedule. If the elderly person can enroll in a keep-fit program at a school or the local recreation center, they can skip their home-exercise routine on those meeting days.

If the elderly are able to take part in a sport appropriate for their physical condition they should do so. Other active forms of recreation should be worked into the daily life of the elderly person whenever possible. Such activities as gardening, fishing, archery, horseshoes, ping-pong, shuffleboard, a family outing, or an evening of social or square dancing are not only fun, but will help to keep the elderly person vigorous. Age need not be a barrier to participation. These activities should be added to, not substituted for, the daily exercise routine.

To the daily exercise routine and the supplementary physical activities, the elderly person should continue adding a little more action. Gradually, day by day, the elderly person should find ways to move "more" rather than less. Keeping this in mind, the caregiver might suggest that the elderly person walk to the neighborhood store instead of driving (or being driven), walk down a flight of stairs instead of taking the elevator, and walk up the stairs when back in shape.

In today's sedentary world, particularly the elderly person's world, caregivers need to look for opportunities to help the elderly person move his or her body. It is good for the elderly person to always have some active project underway, like putting in a new flower bed, cutting wood, building a fence, painting a room, mowing the lawn, and a thousand other jobs and interests that keep the elderly busy and youthful.

EXERCISE PROBLEMS DUE TO FOOT CONDITIONS AND LEG PAINS

Problems with the feet, legs, knee, and hip joints are fairly common with the elderly. Any problem of the lower extremities, whether bunions, arthritic knees, or varicose veins may interfere with proper performance of many exercises, particularly walking and jogging. The caregiver can check that the elderly persons have made sure they have done all they can to obtain needed medical treatment for the problem and then they can substitute the following activities for walking and jogging:

- Swimming and water exercises
- "Bicycling" movement can be done while lying on the floor with hips and legs in the air supported by the arms and elbows
- Riding a bicycle (in a safe area)
- Pedaling a stationary bike
- Playing golf (using a golf cart)
- Exercising on wall pulley-weights or rowing machine
- Passing a medicine ball with a partner while standing or seated or bouncing the ball off a wall in continuous rhythmic movement.

The American Heart Association has said that regular exercise not only improves blood circulation and reduces the risk of heart disease, but also helps people handle stress better, relax and sleep better, and along with proper diet, helps control weight. Better fitness not only improves the person's chances of survival, but what is equally important, is that better fitness enhances the quality of life.

SPORTS

Elderly persons who have enjoyed sports, and whose health and stamina allow participation, might want to continue the physical activities. Sports are not only enjoyable and good for some elderly persons but also contribute to their fun and fitness. The International Committee on the Standardization of Physical Fitness Association recommends the following activities for mature adults fifty years and over: archery, badminton, bowling, putting, golf, curling, table tennis, deck tennis, shuffleboard, volleyball, horseshoes, croquet, darts, billiards, tennis, swimming, boating, sailing, trail walking, gardening, bicycling, skating, dancing, shooting, fishing, and horseback riding. The committee also recommends the following specific fitness programs:

- Need—Physical fitness and work capacity
  Activities—Walking and fishing
- Need—General health
  Activity—Swimming
- Need—Appearance
  Activity—Walking and volleyball
- Need—Physical recreation
  Activities—Tennis, swimming fishing, and volleyball

It is also recommended that after age fifty, a person should avoid running and avoid highly competitive sports unless participation is preapproved by a doctor. Swimming, bicycling, golf, and other less strenuous sports can be entered into without medical supervision. Over age sixty, the person can participate in the same sports as long as they do not run, jog, or even run in place—unless the person had started the activities early in life and has maintained them. The best kind of activity builds the person up to a steady level of exertion and involves as many muscles as possible. Many elderly persons will find bicycling, tennis, badminton, skating, swimming, brisk walking, or vigorous dancing enjoyable.

The best and easiest activity for most elderly persons is walking. Some doctors say that a five-mile walk is better for the health of anyone not already too ill to walk, than all the medicine and philosophy in the world. Elderly persons should always seek their doctor's advice about their fitness for a sport before starting it. The caregiver can make certain the elderly person has checked with the doctor and might assist with the selection of appropriate equipment and attire.

Points to Remember

☐ Some form of regular exercise is particularly important for the elderly because of their special needs for continued mobility.

☐ Joints of the elderly tend to become stiff and limited in range of movement unless they are fully used.

☐ Neuromuscular coordination deteriorates with age, and there is a loss of muscle strength that can affect balance and posture and precipitate accidents.

☐ A daily pattern of mild to moderate exercise pays off with a sense of well-being for the elderly person.

☐ A brisk walk is an ideal and enjoyable way for the elderly to keep fit.

☐ Physical fitness is especially important for the elderly who have reached the age when the natural aging process of the body increases.

☐ The strength developed through regular exercise enables an individual to perform daily tasks with ease.

☐ The ease of movement achieved through regular exercise minimizes the effort required to perform routine tasks.

☐ Poise and grace come with ease of movement.

☐ Various organs and systems of the body, particularly the digestive process, are stimulated through activity.

☐ Regular exercise improves blood circulation, reduces the risk of heart attacks, helps people handle stress better, aids relaxation and sleep, and along with proper diet, can help control weight.

☐ An exercise program should include three basic parts: warm-up, exercise, and cool-down.

☐ The elderly person should have the doctor's approval before starting an exercise program.

☐ Recommended activities for mature adults fifty years and over include archery, badminton, bowling, putting, golf, curling, table tennis, deck tennis, shuffleboard, volleyball, horseshoes, croquet, darts, billiards, tennis, swimming, boating, sailing, trail walking, gardening, bicycling, skating, dancing, shooting, fishing, and horseback riding.

☐ The best and easiest all-round activity for most elderly persons is walking.

Words to Know

calisthenics
cool-down
exercise program
neuromuscular
physical fitness
warm-up

Review

1. Why is regular exercise important in meeting the recreational needs of the elderly?
2. What is considered the best and easiest exercise for the elderly?
3. What are the benefits of regular exercise for the elderly person?
4. What three basic routines should be included in an exercise program?
5. Why should an elderly person have the doctor's approval before starting an exercise program?
6. List five activities recommended for mature adults fifty years and over.
7. How is a person's posture affected by proper exercise?
8. How does exercise aid an individual in coping with stress?
9. How can the caregiver help to meet the exercise needs of the elderly?

18

Hobbies and Activities for the Elderly

ESSENTIAL ELEMENTS

- ☐ Determine appropriate methods to meet the social and psychological needs of the elderly.(n2B)
- ☐ Determine strategies for facilitating self-help.(n3G)

OBJECTIVES TO ACHIEVE

- ☐ Explain the importance of having hobbies.
- ☐ Explain the importance of meeting the elderly's need for hobbies and activities.
- ☐ Identify hobbies and activities.
- ☐ Point out ways the caregiver can assist the elderly with hobbies and activities.

Meaningful hobbies and activities enable the elderly to live as fully and independently as they desire and as their capability allows. Hobbies and activities are not just busy work or freedom from boredom for the elderly. They offer the elderly an opportunity for self-awareness, self-fulfillment, and dignity. They also provide the elderly with opportunities for growth—socially, mentally, physically, emotionally, intellectually, and spiritually. When suggesting hobbies or activities for an elderly person, the caregiver should keep in mind the amount of time the different projects will take to complete. Projects requiring more time and effort are often of more interest and value to many elderly persons than several short projects. Other elderly persons might prefer a number of short projects. Still some elderly may prefer activities with continuity that are something they can return to time after time.

When suggesting a hobby or other activity to an elderly person, the caregiver should keep in mind the skills and interests of the individual, the costs of supplies, and if lessons or classes will be necessary. Depending upon the individual, the hobbies or activities suggested for the elderly person should allow for adventure, companionship, creativity, learning, participation, recreation, recognition, relaxation, self-expression, and solitude.

HOBBIES

Many elderly persons have had hobbies in their younger years that could become a consuming interest in their elderly years. The elderly person may have more time for hobbies, but often less energy and money to spend. Hobbies for the elderly need to be enjoyable, stimulating, not too strenuous, and affordable for a fixed or limited income. Much too often elderly persons become accustomed to passive ways of spending time, such as watching television, and forget how to stimulate and amuse themselves. Not only can the caregiver encourage some elderly persons to renew past hobbies, but can influence others to develop new hobbies.

There are many hobbies and activities the caregiver might suggest to the elderly person. A few of them include collecting hobbies (coins, jewelry, photographs, stamps, bottles, dolls, buttons, and recipes); crafts (ceramics, knitting, crocheting, photography, leather tooling, quilting, weaving, and carving); and projects made from scrap materials (patchwork articles, braided rugs, wastebaskets, bird feeders, flowers, cannisters, and wreaths). The caregiver can find directions for project ideas in current magazines as well as resources in the library.

In some situations, the caregiver can encourage the elderly person to participate in ***domestic activities*** such as cooking, flower arranging, gardening, and the care and raising of a pet. Domestic activities are activities related to home and garden care as well as activities to benefit the home and family environment. When suggesting a hobby or activity, the caregiver must always keep in mind the needs and wants of the elderly person.

ACTIVITIES

Games

For the elderly person who likes to play games, there are many kinds available such as cards, dominoes, chess, checkers, as well as games like Monopoly, Scrabble, cribbage, and backgammon. There are also active games such as shuffleboard and ping-pong. Jigsaw puzzles are a favorite activity for many of the elderly as well as the video games played on a television screen. Regardless of the game enjoyed by the elderly person, the caregiver should see that equipment and needed items are readily accessible. The elderly person may ask the caregiver to play some of the games with him or her. If the caregiver does not know the rules, the elderly person may enjoy being able to explain the rules of a game. When it is a new game, the caregiver can encourage the elderly person to invite friends in to play. If the elderly person would like, the caregiver could prepare to serve refreshments, provide prizes for the guests, and arrange the room for the activity.

Writing

Often elderly persons find it interesting to write down memories. They can record what happened during early childhood and what is remembered about parents, grandparents, or other relatives. Some elderly persons might be interested in putting the personal experiences in story form and some may even want to investigate the possibility of publishing the stories. If an elderly person indicates an interest in writing poetry, they should be encouraged to do so. The elderly person with arthritic fingers or reduced muscle coordination will find an enlarged pen or pencil easier to hold. (See figure 18.1.)

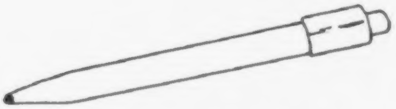


Figure 18.1

Another writing aid that may be helpful to the elderly person with hand problems is a lightweight plastic ball that holds a standard sized pen or pencil as illustrated in figure 18.2.

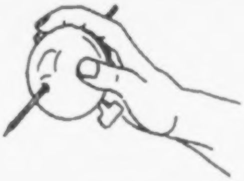


Figure 18.2

The plastic ball is 3 inches in diameter with a 3/4 inch hole through the center. One end of the ball is flattened to prevent the ball from rolling. A side screw with flipper-type head intersects the hole to clamp pen or pencil. The ball can also be used with a toothbrush or eating utensils.

A lap desk provides a smooth non-glare work surface for the elderly person especially if the person is confined to a chair or bed. A lap desk is a slanted, wedge-shaped cushion fitted with a smooth, hard surface. It can be used as a portable desk, writing surface, reading surface, or for playing some card games. (See figure 18.3.)

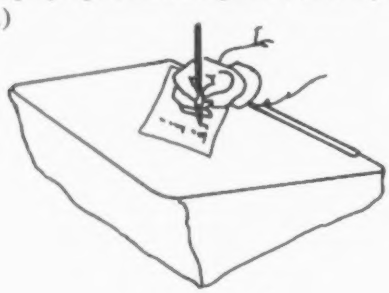


Figure 18.3

Some elderly persons may be interested in tracing their ***family genealogy*** or family "tree". The caregiver can assist the elderly in their pursuit by helping do the following:

- Gather all possible information from relatives, especially the elderly ones. Friends and neighbors can provide valuable information too.
- Sort through family papers such as family Bibles, letters, and diaries that may provide notes of weddings, births, and baptisms. Gravestones often record important dates and names.
- Check church records, birth and death certificates, marriage licenses, and official records that can provide information. Wills sometimes provide more than the records of bequests and disposals. Military, immigration, and pension records of the survivors yield a great store of genealogical data. Early land records, tax lists, mortgage records, and ship logs may be helpful. The first U.S. Census was taken in 1790; this and other available census data may be useful.
- Contact public libraries. The libraries may not contain a special collection of genealogical material, but the librarian will know where such a collection can be found. Books on how to research genealogy are available at the public library.

The caregiver can assist the elderly person in organizing a scrapbook, loose photographs, postcards, or mementos that the individual wants to keep and enjoy. They can be arranged in a way that is meaningful. The caregiver can assist with the layout of pages and make the notations or captions on the pages. Special scissors, that reduce painful finger action, can be helpful to the elderly person with hand problems or arthritic fingers. Scissors are available that squeeze shut with the palm and spring open automatically after each cut. (See figure 18.4.)

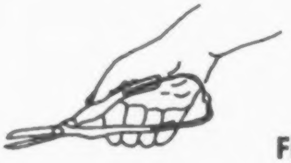


Figure 18.4

Art

Some elderly persons may have an interest in art. The caregiver can encourage the elderly to pursue the work. The elderly person who has an interest in art but has never painted might enjoy ***line drawing***. The caregiver can show the elderly person how to keep his or her eye on the subject and move the pen, as though following the outline of the object. Then they fill in the wanted details by letting the pen move to the desired areas and back to the basic outline. The pen must be kept on the paper until the drawing is completed. A brush with water colors can be used to shade and add color to the drawing.

Reading

As with all individuals, some of the elderly will be avid readers, prefer a specific topic or type of book, or have no interest in reading. The caregiver can locate books that the elderly person requests or select books on topics of interest to the person. Besides getting the book at the public library, the librarians will be helpful in suggesting books on specific topics. The caregiver should note when the books are due and make sure they are rechecked or returned back to the library before they are overdue. When the tasks to be accomplished make it difficult for the caregiver to travel to and from the library and books are overdue or new selections are needed, the ***Friends of the Library*** or a similar group can be helpful. Such groups provide services that may include bringing books to the elderly person's home, visiting with the person to learn of his or her interests, and providing a pick-up and delivery service. For the elderly person who cannot read, but is interested in books, there are books available on tape cassettes and records. For the elderly person whose vision is poor, large-print reading materials are available. To encourage an elderly person to read, or to give pleasure to any avid reader, the caregiver can suggest attending a book review.

The caregiver may be asked to read aloud to the elderly person and should first read the parts of a magazine or newspaper that the elderly person finds interesting. The caregiver should read distinctly, neither too fast nor too slow. The caregiver should show interest in the subject and put sincere expression in the words without sounding false or too dramatic. If the elderly person is partially deaf, the caregiver should face the person directly when reading aloud so the person can lip read.

Music

Music can be therapeutic by elevating or calming emotions. It can create a better eating atmosphere, and help to relieve pain and ***insomnia*** (difficulty sleeping) . Music can also reverse a person's mood. If the person is trying to rest or relax, soft soothing music can help. Jazz or "beat" music can lift the spirit. A small portable radio near the bed gives the elderly person a more independent feeling. The television, radio, record, or tape player are all sources of musical entertainment.

Pets

Pets are good companions for the elderly. Dogs and cats are not the only possibilities. Fish take up little space and make no noise; birds almost always seem cheerful and perky. Before the elderly person invests in a pet, the caregiver might suggest the person sit with a friend's pet.

Gardens

The caregiver might suggest gardening as an activity for the elderly person. Even a flower bed is space enough to grow salad greens for the table. Gardening offers many challenges and opportunities to meet many interests like growing unusual or rare plants, trying new plants, specializing in a particular species, and even growing for resale. If outdoor gardening is too strenuous, caring for a houseplant is a good way to bring the outdoors inside. Friends are often willing to supply free cuttings, which adds companionship and sharing for the elderly person.

Individual or Group Activities

The types of activities chosen will be as different as the personalities of each elderly person. Some elderly persons will prefer to work in groups in order to socialize by participating with others. The companionship is important and gives them the opportunity to share concerns and feelings with peers. Whether the elderly person is interested in individual or group activities, the selected activity should be relaxing and enjoyable and provide the person with diversity, reduce anxiety, and relieve stress.

There are a wide range of hobbies and activities for the elderly person who prefers solitary activities and enjoys being alone. Elderly persons who prefer activities with other individuals can be encouraged to participate in learning programs for the elderly on such subjects as arts and crafts, hobbies, recreational and aesthetic opportunities, consumer education, and personal development.

Points to Remember

☐ Meaningful hobbies and activities enable the elderly to live as fully and independently as they desire and as their capability allows.

☐ Meaningful hobbies and activities provide the elderly with opportunities for growth—socially, mentally, physically, emotionally, intellectually, and spiritually.

☐ Depending upon the individual, the hobbies or activities suggested for the elderly person should allow for adventure, companionship, creativity, learning, participation, recreation, recognition, relaxation, self-expression, and solitude.

☐ The caregiver not only can encourage some elderly persons to renew past hobbies, but can influence others to develop new hobbies.

☐ When suggesting a hobby or activity, the caregiver must always keep in mind the needs and wants of the elderly person.

☐ For the elderly person who likes to play games, there are many kinds available—cards, dominoes, chess, checkers, Monopoly, Scrabble, cribbage, and backgammon. Also active games like shuffleboard, ping pong, jigsaw puzzles, and video games are available.

☐ Writing activities such as writing memories, stories, or poetry appeal to many elderly persons. Some elderly will enjoy the pursuit of tracing their family genealogy.

☐ The caregiver can assist the elderly person in organizing a scrapbook, loose photographs, postcards, and mementos.

☐ Music can be therapeutic by elevating or calming emotions.

☐ Pets are good companions for some elderly persons and provide someone to care for.

☐ Gardening offers the elderly person challenges and opportunities to specialize in a particular species and grow for resale.

☐ Some elderly persons prefer to work in groups in order to socialize by participating with others.

☐ Some elderly persons prefer individual activities as they find socializing with others more effort than enjoyment.

Words to Know

domestic activities
family genealogy
Friends of the Library
insominia
line drawing

Review

1. How do meaningful hobbies and activities benefit the elderly person?
2. Why is it important to meet the elderly's need for hobbies and activities?
3. List the opportunities for growth that meaningful hobbies and activities provide for an elderly person.
4. What should the hobbies and activities suggested for the elderly person allow for?
5. List six hobbies the caregiver might suggest to the elderly person.
6. How might the caregiver assist the elderly person who likes to play games?
7. How can the caregiver assist the elderly person with writing activities?
8. List activities related to writing that might be of interest to an elderly person.
9. Discuss the services for the elderly provided by the Friends of the Library.
10. Why do some elderly persons prefer individual activities while others prefer group activities?

19

Educational Activities for the Elderly

ESSENTIAL ELEMENT

- ☐ Determine strategies for facilitating self-help.(n3G)

OBJECTIVES TO ACHIEVE

- ☐ Explain the importance of meeting the elderly's need for educational activities.
- ☐ Identify ways to meet the elderly's need for educational activities.
- ☐ Point out ways the caregiver can assist the elderly with educational activities.

Educational activities encourage growth and self-development regardless of age. Doctors say that the one organ we can depend upon to last us into aging is the brain. Even at age eighty the brain can learn at the speed of a thirteen-year-old. As most elderly persons are not interested in academic or occupational advancements, they participate in educational activities for the enjoyment, fun, and satisfaction of learning.

ADULT EDUCATION

More and more of the elderly are participating in some form of ***adult education***. Learning programs and services for elderly citizens are offered in most communities through senior centers, universities, churches, schools, libraries, museums, volunteer agencies, or retirement housing facilities.

Universities, Junior Colleges, and Community Colleges

Adult education courses or ***extension courses*** are offered to elderly persons at most universities and colleges. They also encourage ***weekend scholars*** and offer mini-courses and summer programs for the elderly.

Many universities and colleges offer persons sixty-five years of age or older an opportunity to ***audit*** (attend and listen in), free of charge, any credit course as long as there is space available. Some universities offer special classes each semester covering a wide range of subjects from western dance to income tax. The classes are free or at a low cost. To encourage the elderly to pursue their interest in learning, some universities organize special clubs, such as the "League of Older Students." This club helps members find their way around the campus and offers counseling on various problems. Other universities offer a "Back to College" day or week to give the elderly an opportunity to become acquainted with the campus and to look over the courses being offered. Some universities have planned and constructed a dormitory connected to a retirement housing project so that the younger and elder students can mingle and study together. The caregiver can encourage the elderly person, who indicates an interest in learning, to look at the universities and colleges in the community.

YMCA AND YWCA

Local Young Men's Christian Associations (***YMCA***) and Young Women's Christian Associations (***YWCA***) usually have excellent adult education programs. The arts and crafts that are often emphasized in these programs do not require extraordinary talent, but they do allow the elderly person to turn out satisfying and attractive objects. Programs at the Y's usually require a small fee, which varies, depending on whether the person is a member or a nonmember.

Senior Centers and Golden Age Clubs

In all parts of the country, clubs and care centers for senior citizens have sprung up with astonishing spontaneity. There is hardly a town so small or a country so isolated that it does not have some club or organization for elderly citizens. The ***Senior Centers*** and ***Golden Age Clubs*** meet the needs of the elderly for companionship and sociability. The expense of belonging is small. Status in the centers is established by personal ability and integrity rather than wealth. Another feature that appeals to the elderly is the absence of a time clock. Everyone moves at their own pace and attendance is voluntary. The caregiver can locate local centers and clubs and find out the schedule of activities and cost of participating.

Many national organizations have local chapters and branches with programs for the elderly population. A directory of voluntary organizations with programs in the field of aging is published by the U.S. Government Printing Office and can be requested by mail. After locating a center or club with a program that interests the elderly person, the caregiver can assist with transportation, plans, gathering supplies (if needed), and reminding the person as to time and date of the meetings.

Special Interest Classes

Schools, libraries, museums, churches, and park districts also offer learning programs on numerous subjects for the elderly. Classes may include meaningful topics such as music, current events, politics, travel, computer, art, etiquette, food preparation, comparative religions, understanding people, sewing techniques, and book reviews. Other individualized special-interest activities that are educational include the meetings and clubs for hobbies such as stamp and coin collections, gem stone and leather work, photography, garden clubs, and quilters groups. Shops that sell the supplies usually offer free classes for their customers.

The elderly person may want to continue to learn about an interest based on early life experiences. For others it will be a stimulating challenge to learn something entirely new.

Legislatures, concerned that library facilities and services be accessible to the elderly, passed the ***Library Services and Construction***

Act Amendments of 1984. This legislation requires that the state's annual program for library services "describe the uses of funds for programs for the elderly, which may include the following:

- the training of librarians to work with the elderly
- the conducting of special library programs for the elderly, particularly for the elderly who are disabled
- the purchase of special library materials for use by the elderly
- the payment of salaries for elderly persons who wish to work in libraries as assistants on programs for the elderly
- the provision of in-home visits by librarians and other library personnel to the elderly
- the establishment of outreach programs to notify the elderly of library services available to them
- and the furnishing of transportation to enable the elderly to have access to library services."

CHURCH AND RELIGION

Religion is closely related to education during all phases of life as it encourages self-development and growth.

The caregiver should remember that religion is personal. They must also recognize individual rights and leave the interpretation and application to be determined by each elderly person. Religious services and social functions are important to many elderly persons because they have lived and practiced their religion for most of their lives. Religious activities provide a continuation of former life activities. Religious beliefs and customs are also important to many elderly persons because their belief in God and their faith gives them the spiritual strength to live the remaining part of their lives. The clergy, especially the minister of their faith, is special to the elderly, who welcome the visits of the minister. In a private home situation, the caregiver may be asked to assist and escort the elderly person to religious activities. In elder care facilities the caregiver can do the following:

- welcome all members of the clergy as they visit
- answer questions about the elderly courteously and adequately
- assist the clergy as needed

The caregiver should encourage visits by the clergy when the elderly person is unable to leave home and has expressed a desire for the clergy to visit. The caregiver can also check to see if the homebound elderly person can assist the congregation by making phone calls, addressing envelopes, or doing other work.

When a special interest is indicated, the caregiver can encourage the elderly person to pursue knowledge about the topic of interest. They can also encourage regular attendance.

Points to Remember

- ☐ Educational activities encourage growth and self-development regardless of age.
- ☐ Most elderly persons participate in educational activities for the enjoyment, fun, and satisfaction of learning.
- ☐ Adult education or extension courses are offered to elderly persons at most universities and colleges.
- ☐ The elderly are often allowed to audit, free of charge, any credit courses as long as space is available.
- ☐ Excellent adult education programs are offered by the YMCA and YWCA.
- ☐ Senior Centers and Golden Age Clubs meet the needs of the elderly for companionship and sociability.
- ☐ Schools, libraries, museums, churches, and park districts offer learning programs on numerous subjects for the elderly.
- ☐ Religion is closely related to education during all phases of life as it encourages self-development and growth.
- ☐ Religion is personal and the interpretation and application should be determined by each elderly person.

Words to Know

adult education
audit
extension courses
Golden Age Clubs
Library Services and Construction Act Amendment of 1984
senior centers
weekend scholars
YMCA
YWCA

Review

1. Why is it important to meet the elderly's need for educational activities?
2. What are the benefits of educational activities?
3. How can the elderly's need for educational activities be met?
4. Why do most elderly persons participate in educational activities?
5. How do universities, junior colleges, and community colleges encourage the elderly to participate in adult education courses?
6. How can the caregiver encourage the elderly person who indicates an interest in learning?
7. What type of programs for the elderly do the YMCA and YWCA offer?
8. What do Senior Citizens and Golden Age Clubs offer to elderly persons?
9. What types of classes and activities for the elderly are offered by schools, libraries, museums, churches, and park districts?
10. How is religion closely related to education during all phases of life?

20

Sanitation

ESSENTIAL ELEMENTS

- ☐ Demonstrate procedures for handling clothing and linens.(n5B)
- ☐ Describe procedures for sanitizing items.(n5C)
- ☐ Explain personal sanitation measures to prevent the spread of infection.(n5D)

OBJECTIVES TO ACHIEVE

- ☐ Identify personal sanitation measures to follow to prevent the spread of infection.
- ☐ Demonstrate an ability to properly remove dirty linen from a bed.
- ☐ Describe how items are sanitized.
- ☐ Give examples of effective ways to deal with odors.
- ☐ Explain the measures to take in order to control pests and rodents.
- ☐ Explain the difference between disinfection and sterilization.

Sanitation can be defined as the practice of rendering the care facility or private home free from agents injurious to health. ***Microbiology*** is the biological science on which sanitation is based. It is the study of microscopic living, plant-like organisms, which includes bacteria, viruses, yeasts, and molds. It is important for the caregiver to have some knowledge of sanitation practices in order to help prevent the spread of infection, odors, pests, and rodents.

PREVENTING THE SPREAD OF INFECTION

Medical asepsis is the term used that means free from germs or bacteria that may cause infection. Germs spread and multiply quickly in moist, warm, dark areas, such as in bandages, dirty equipment, dirty linen, and on hands. Caregivers sometimes care for elderly persons with illnesses caused by infections. The germs of an infection can be carried from the ill person to others in the care facility or private home. The most common ways infections spread is through caregivers carrying them on their hands and clothes.

AIDS and Tuberculosis

Controlling the spread of ***AIDS*** (acquired immunodeficiency syndrome) and ***TB*** (tuberculosis) ***diseases*** are of great concern among today's health care professionals. New cases of both the AIDS and TB diseases are growing in number each year affecting all age groups of the population including the elderly. Caregivers must take special precautions to avoid the spread of both of these diseases in care facilities for the elderly.

The AIDS disease is caused by a virus called the ***human immunodeficiency virus*** or ***HIV***. The HIV virus is found in the blood or body fluids of the infected person and can destroy the ***immune system*** in a person's body. The immune system is the body system responsible for fighting off and protecting the body from illness and disease. A person can be infected with the HIV virus for as many as ten years before any symptoms of the AIDS disease become evident. The only way to tell if someone has been infected with the HIV virus is through AIDS testing. Symptoms of the AIDS disease are listed under *Infectious Diseases* in Chapter 22.

Ten to fifteen million U.S. citizens are known to be infected with the TB germ. A person infected with the TB germ can live symptom-free for years and is not capable of spreading the germ to others. If, however, the infected person's immune system weakens, TB infection can develop into TB disease.

When a person that is already infected with the TB germ contracts the HIV virus, ***TB infection*** (without symptoms) can be activated into TB disease (with symptoms). Persons who test positive for the HIV virus have a greater chance of developing TB disease and persons who test positive for TB disease should also be tested for the HIV virus. A diagnoses of the TB disease does not necessarily mean that the HIV virus is present.

Some persons who are infected with both the HIV virus and the TB germ will not react to the TB test due to the improperly working immune system. If a person shows symptoms of the TB disease and the results of tests are negative, further medical tests should be administered. Symptoms of TB disease are listed under *Infectious Diseases* in Chapter 22.

TB disease is spread from person to person through the air. The person with TB disease needs only to cough, sneeze, laugh, shout, or sing to spread the disease. Listed below are some sanitary guidelines to practice for the prevention of the spread of the AIDS and TB diseases in elder care facilities.

- Have elderly persons obtain regular TB skin tests and testing for the HIV virus as recommended by health professionals to determine if they are carrying either the infection or the disease.
- Do not allow persons diagnosed with TB disease to come into contact with others until they have been on medication for at least 2 to 3 weeks at which time they will no longer be contagious.
- Provide plenty of fresh air in the room of the person with TB disease. Allow for adequate and frequent ventilation as TB disease is contracted through the air.
- Wear plastic gloves, goggles, a covering over clothes, and a covering over nose and mouth

when performing caregiving tasks in the rooms of persons with TB disease or the HIV virus.

- Follow carefully all universal sanitation procedures to clean and handle soiled materials, and launder the soiled items of persons with TB disease or the HIV virus.
- Follow the proper procedures for the handling of medication needles and syringes contaminated by a person who has the HIV virus. Be very cautious not to accidentally puncture yourself with the contaminated object.
- Do not allow any other person to use the grooming/toiletry items of persons who have the HIV virus or TB disease.
- Keep yourself and others away from the body fluids or the blood of persons who have contracted the AIDS disease.
- Do not allow persons with the AIDS disease to be exposed to any person or animal who is ill as their already impaired immune system is not efficient in fighting off even minor illnesses.

See *Infectious Diseases* in Chapter 22 for further information about the AIDS and TB diseases.

PERSONAL SANITATION

Handwashing

Infection can be spread very quickly from one person to another by germs carried on the hands. To prevent the spread of infection either to or from an elderly person, caregivers should wash their hands before and after using the bathroom, handling a bedpan, handling food, and feeding the person. The germs that cause infection cannot be seen without the use of special equipment but they are always present on the skin of the hands. Most of the germs can be removed by thoroughly scrubbing the hands with soap and water. Friction caused by rubbing the soapy hands together removes more germs than any other part of handwashing. Germs loosened by friction are then washed away with warm running water. When rinsing hands, they should be held so the dirt and germs will be washed down and away from the hands and the wrists. Handwashing should be done both frequently and thoroughly by the caregiver.

Covering Clothing

Although the hands are the most common way of spreading infection from one person to another, germs can also be carried on the clothing of the caregiver. To protect clothing from germs, some type of covering, such as an apron or towel, should be worn. The covering should be worn anytime the caregiver comes in contact with an ill person or waste materials. Caregivers should cover clothing when feeding a person or giving a person a bed bath.

HOME OR FACILITY SANITATION

Linen

Linen should be used and cared for properly whether the caregiver is employed in a private home or care facility. The handling of linen is a crucial phase of infection control because soiled linen is a source of bacterial contamination. Linen should be stored on clean, dust-free shelves. Linen should never be allowed to drop unto floors. Dirty linen should be carefully removed from the bed, being careful not to spread germs onto clothing. Remove linen immediately from the room to prevent odor. If linen is extremely soiled, it should be pre-rinsed before having it laundered.

SANITIZING

The most common method of ***heat sanitizing*** is immersion of an object in water at 170°F (about 77°C) for no less than thirty seconds. The most common chemical sanitizers are chlorine, iodine, and quaternary ammonia (quats). ***Chemical sanitizing*** may be done in two ways:

- The object is immersed in the correct concentration of sanitizer for one minute.
- The surface of the object is rinsed, swabbed, or sprayed with double the usual recommended concentration of sanitizer.

For the sanitizing process to work, the object must be thoroughly clean and completely rinsed. Sanitation does not replace the need for good cleaning.

DISHWASHING

Cleaning and sanitizing glasses, dishes, and flatware are necessary to prevent food-borne diseases. Pots, pans, and other utensils must also be kept clean and sanitary.

Clean and sanitary refer to different qualities. A plate may appear clean but may harbor harmful organisms if not washed properly. A glass may appear water-spotted but be free from germs if it was rinsed in hot water or treated with a sanitizing solution after being washed. It does not look clean, but it is sanitary.

ODORS

Problems with odors occur as a result of poor sanitation in toilet areas, utility rooms, closets, and other areas in a home or care facility. The most effective way to deodorize these areas is with fresh air, removal of the causes, and frequent cleaning with a detergent/disinfectant solution. The least effective way to deal with odors is to try and block them with sprays or deodorizer blocks.

Bad odors often arise in garbage cans. To help keep odors minimal, the caregiver should remove garbage frequently, cleanse garbage cans, use tight-fitting lids, and use plastic liners in garbage cans. Proper ***ventilation*** (circulation of fresh air) of the garbage area will also be helpful.

DESTROYING AND REPELLING PESTS

The best insurance against pests is to store food properly and promptly clean up any spilled food. To remain free of pests, the care facility or private homeowner must take pest control measures on a regular basis. These measures include the following:

- keeping all windows and doors shut
- maintaining proper sanitation and housekeeping inside and outside of the establishment or home
- eliminating the presence of rodents
- cleaning garbage cans and keeping them covered

Occasionally, these measures are not enough to completely control or eliminate all types of pests. Professional pest control experts should handle the exterminating or repelling of any type of pest. Federally regulated chemicals must be used by a licensed person. Signs of pests in the care facility or private home should be reported to the supervisor or the person in charge immediately. Losses due to customer annoyance, unfavorable publicity, and damage from insects and rodents total several billions of dollars each year.

Pesticides and Safety

Pesticides (chemicals used to destroy insects) can be very harmful to humans. For this reason, precautions should be followed when storing, using, and disposing of pesticides. Some precautions that should be taken are as follows:

- Store in original containers.
- Be sure containers are labeled properly.
- Follow directions on the label.
- Do not use around food or people.
- Store in a safe place, away from moisture and heat such as in a locked cabinet or closet.
- Rinse and destroy bottles and cans when empty.
- Keep away from children.

Moth-killing chemicals are probably the worst items in American homes today. They come in the form of moth crystals, cakes, balls, nuggets, and flakes. ***Clinical ecology***, the study of adverse reactions of the environment on the human body, has noted some reactions to the use of moth-killing chemicals such as damaged complexions, headaches, and kidney and liver disturbances. Moth-killing chemicals are extremely harmful and should never be used in the home or care facility. The best way to prevent moth damage is by mechanical means such as brushing, airing, sunning, and placing garments in plastic bags.

DISINFECTION AND STERILIZATION

Articles that have come in contact with the ill person or any infected discharges of the person are considered soiled, such as dressing from a wound or a tissue with nasal secretions. To lessen the chance of spreading infection to the caregiver, soiled or contaminated materials should be handled in a clean area when they are being thrown away or discarded. This is the area that has come into the least contact with the ill person, the wound, or any body secretions. These contaminated articles should be completely destroyed. They should be tightly wrapped and burned or disposed of in a covered waste receptacle. Other contaminated articles, such as equipment, are expensive and must be cleaned and reused. Before such articles are safe for reuse, they must be disinfected or sterilized. ***Sterilization*** is the destruction of all microorganisms. Usually some form of heat is used to sterilize. Often articles are boiled for twenty minutes to sterilize them, others may be steamed. ***Disinfection*** means destroying the germs. Disinfecting articles is most often done with chemicals. The following steps allow for safety disinfecting of equipment:

- Wash and dry articles.
- Open up or take apart instruments.
- Fill any tubes with the disinfectant.
- Completely submerge all parts of the articles to be disinfected.
- Soak in chemicals the required length of time.
- Follow instructions on chemical labels.

The caregiver should follow the rules of the person in charge or the methods used in the facility.

Points to Remember

☐ Sanitation is the practice of rendering a care facility or private home free from agents injurious to health.

☐ The term used that means free from germs or bacteria that may cause infection is medical asepsis.

☐ If the person with TB infection develops a condition that weakens the immune system, the TB infection can become TB disease.

☐ TB is spread from person to person through the air.

☐ The virus which causes AIDS is found in the blood or body fluids of the infected person.

☐ Carrying disease germs on the hands or clothing is the most common way of spreading an infection.

☐ The handling of linen is a crucial phase in infection control because soiled linen is a source of bacterial contamination.

☐ Proper cleaning and sanitizing of glasses, dishes, pots and pans, and utensils are necessary to prevent food-borne diseases.

☐ Problems with odors occur as a result of poor sanitation in toilet areas, utility rooms, closets, and other areas in a home or care facility.

☐ Any facility that handles food must take measures to eliminate disease-carrying pests.

☐ The best insurance against pests is to store food properly and to promptly clean up any spilled food.

☐ Disinfection means destroying germs.

☐ Sterilization is the destruction of all microorganisms.

Words to Know

AIDS disease
chemical sanitizing
clinical ecology
disinfection
heat sanitizing
human immunodeficiency virus (HIV)
immune system
medical asepsis
microbiology
pesticides
sanitation
sterilization
TB disease
TB infection
ventilation

Review

1. Why is it necessary for caregivers of elderly persons to be knowledgeable about sanitation practices?

2. How are disease germs spread from one person to another?

3. Name three steps that caregivers can take to help prevent the spread of the HIV virus in care facilities for the elderly.

4. At what point is a person who has been diagnosed with TB disease free from being contagious to others?

3. List two precautions the caregiver can take to reduce the spread of infection.

4. How should caregivers handle dirty linen?

5. Explain the difference between clean and sanitary.

6. What are the most effective ways to handle odor problems?

7. What measures can the caregiver take to control pests?

8. How does disinfection differ from sterilization?

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Safety

ESSENTIAL ELEMENT

☐ Provide a safe and healthy environment for the elderly.(n4C)

OBJECTIVES TO ACHIEVE

☐ Point out safety rules to follow or observe in the various areas of a private home or care facility.

☐ Give examples of general safety rules to follow in housekeeping matters.

☐ Explain fire emergency procedures.

☐ Identify potentially hazardous conditions.

SAFETY RULES

Each year, many senior citizens are injured in and around their homes. Hundreds of thousands of the elderly population over age sixty-five are treated every year in hospital emergency rooms for injuries associated with products they live with and use daily. In and around the home is where more than 43 percent of all accidental injuries occur. Falls lead in the cause of accidental deaths and injuries for the elderly. Burns, cuts, and poisonings also harm many in the home.

The U.S. Consumer Product Safety Commission (CPSC) believes that many of these injuries result from hazards that are easy to overlook, but also easy to fix. By spotting these hazards and taking some simple steps to correct them, many injuries might be prevented. The caregiver should watch for possible safety problems that may exist in various areas of the elderly person's home or care facility.

General Safety Rules

One should follow these general safety rules to prevent injuries from occurring in the elderly person's environment:

- Repair small breaks in tile or linoleum so nobody will trip over loose edges, and do not use too much floor wax. Slippery floors can cause serious falls. Wipe up all spills right away, because even a little water, a little lettuce, or a grease spot can cause a foot to slip.

- Encourage the elderly to discard scatter rugs. If they insist on using them, try to place furniture over the corners to hold in place, or attach foam rubber or rubber jar rings onto the wrong side of any that do not have a nonskid finish. For those with a nonskid finish, vacuum or sweep often and sponge the backing with soap or detergent suds occasionally. Dirt can keep the nonskid finish from gripping the floor.
- If possible, and with permission from the elderly person, arrange chairs and tables in each room so that a traffic lane is kept open. This makes walking safer even in the dark.
- Try to keep often used cleaning items at a convenient height to reduce reaching. Never climb to take things down from high cabinets or shelves unless using a good ladder or a very sturdy step stool.
- When cleaning, wear comfortable clothing and cotton work gloves for "heavy" jobs or when handling things with sharp edges. Flats, or shoes with low rubber heels, give the safest footing.

Household Product Safety Rules

One should follow these product safety rules to prevent accidental poisoning or hazardous misuse of household products:

- Never place or store chemical products within the reach of children or pets even in the home of the elderly. Elderly persons often entertain visiting grandchildren.
- Read directions, all warnings, and special directions on packages and containers labeled as "Hazardous." Laws require that poisonous substances be labeled "Poison." The ***antidote*** or treatment to be used if someone ingests a poisonous substance is always printed on the packaging of poisonous products.
- Some household products that are useful and safe, when used alone, can be dangerous when they are combined with other household products. Never mix two or more substances such as bleaching solutions, ammonia, toilet bowl cleaners, rust removers, and oven cleaners. Such chemical mixtures may release irritating gases.

Electric Appliance Safety Rules

When lights flicker, or a piece of electrical equipment does not work evenly, this is a danger signal and a warning that the line is overloaded. A ***fuse*** is a safety device to prevent electrical overload trouble. When a fuse blows out, put in a new one right away. Do not replace the blown fuse with a homemade substitute as this may start a fire. Listed below are other electrical safety precautions.

- Use a good cord. A worn cord is dangerous and can cause fire or shock.
- Keep appliances and lamp cords as short as possible. Wind and tie up extra cord with a rubber band and attach cords to a baseboard to avoid tripping over them.
- Do not plug in too many pieces of electric equipment at the same time. This may overload the electric power line. Unplug appliances when not in use. When leaving the room, unplug the iron even if not finished with the task.
- Always pull a cord from the wall outlet before pulling the other end out of the electrical appliance.
- Keep all electrical equipment, including radios and televisions, away from sink, bathtub, or from any water outlet. Never touch or handle electrical appliances with wet hands. Never reach into water to retrieve an appliance without being sure the appliance is unplugged.

Kitchen Safety Rules

One should follow these kitchen safety rules to prevent injuries from occurring in the elderly person's kitchen environment:

- Keep all work surfaces clean and dry, especially the stove surface, since crumbs or grease can start a fire. If grease catches fire, smother with an oven-proof lid, salt, or baking soda. Never try to put out a grease fire with water!

- Keep non-cooking equipment like potholders, dishtowels, or plastic utensils away from the range. Set pots and pans on the stove so that their handles do not stick out as somebody may knock the pan over and spill hot food.
- Always use potholders when handling hot equipment. When taking hot foods out of the oven, support the dish or pan with two hands using potholders.
- Improve lighting by opening curtains and blinds. Reduce glare by using frosted bulbs, indirect lighting, lamp shades, globes and light fixtures, or partially closing the blinds or shades.
- Use the maximum wattage bulb allowed by the fixture. If the correct wattage for the fixture is not known, use a bulb no larger than 60 watts.
- Use knives wisely. Never cut toward the hand with a knife. Wash sharp knives separately. If sharp knives drop into sudsy dishwater or hide in the sink under a layer of suds or dishes, they may be picked up accidentally and cut the person's fingers.
- Brooms, mops, pails, and empty bottles should be properly stored.

Bathroom Safety Rules

One should follow these bathroom safety rules to prevent injuries from occurring in the elderly person's bathroom environment:

- Put a rubber mat, a folded bath towel, or apply textured strips or appliques in the bottom of the bathtub or shower before the elderly person bathes or showers. When possible, attach a handle to the wall next to the tub or shower as a grab bar. If the elderly person is unsteady when standing, use a stool with non-skid tips as a seat for the person to sit in while showering. When assisting an elderly person out of the bathtub or shower, make sure the person has one foot firmly planted on the floor before lifting the other foot out.
- Test the water before allowing anyone to step into the bathtub or shower to make sure the water is not scalding hot. Water temperature above 120°F can cause tap water scalds.
- A light switch should be located near the door to prevent a person from walking through a dark area. If necessary, install an inexpensive night light that plugs into an outlet.
- Be sure all medicine containers are clearly marked with the contents, doctor's instructions, expiration date, and person's name. Dispose of outdated medicines properly. Request child-resistant closures from the pharmacist unless the elderly person cannot open them. Store medicine beyond the reach of children.

Living Room Safety Rules

One should follow these living room safety rules to prevent accidents from occurring in the elderly person's living room environment:

- Follow electric appliance safety rules that apply for equipment in the living room such as television, video cassette recorder, stereo system, light fixtures, extension cords, and ceiling fans.
- Clearly mark different floor levels of a "sunken living room" by using a different colored carpet.
- Place a safety screen in front of fireplaces.
- Tape scattered rugs to the floor or avoid using them.
- Make sure large framed pictures and mirrors are securely affixed to the wall.
- Provide tables near sitting areas to rest hot beverages on.

Bedroom Safety Rules

Burns are a leading cause of accidental death among senior citizens. Smoking in bed is a major contributor to this problem. Among mattress and bedding fire-related deaths, 42 percent occur to persons sixty-five years of age or older. Sources of heat or flames should be removed from areas around the bed. One should follow these bedroom safety rules to prevent injuries from occurring in the elderly person's bedroom environment:

- Electric blankets should be used according to the manufacturer's instructions. The sides or ends of electric blankets should not be tucked in. Additional covering should not be placed on top of electric blankets while they are in use. Additional blankets, comforters, or even pets sleeping on top of the blanket can cause excessive heat buildup which can start a fire.
- Individuals should not go to sleep with a heating pad turned on because it can cause serious burns even at fairly low settings.
- A lamp or light switch should be located within reach of the bed to enable persons who get up at night to see where they are going. Night lights should be installed when possible.
- A telephone should be within reach of the bed in case of an emergency.

STAIRWAYS AND WALKWAYS

The lighting, handrails, and condition of the steps and coverings for all stairways should be checked by the caregiver.

- Light switches should be located at both the top and bottom of stairways.
- Handrails should be securely fastened on both sides of the stairway and should always be used when climbing up or going down the steps.
- Socks or smooth-soled shoes or slippers should be avoided when using stairs.
- Carpet should be firmly attached to the steps all along the stairs. Loose or worn carpeting can lead to insecure footing, resulting in slips or falls.
- All objects should be removed from stairways; items should never be stored on stairways.

FIRE SAFETY PROCEDURES

Almost any material can become fuel for a fire—food, rags, flammable liquids like grease or cleaning fluids, wood, furniture, and plastics. Fire can cause death in several ways. Fire consumes oxygen people need to breathe. Normal air contains about 21 percent oxygen. During a fire, the oxygen level drops rapidly. If the oxygen level falls below 17 percent, clean thinking and muscle control become more difficult. Attempts to escape become irrational. When oxygen falls below 6 percent, breathing stops. After 4 to 6 minutes without oxygen, brain death occurs.

Fires also produce very hot air, smoke, and toxic fumes that can kill. Faster breathing, due to heat, fear, and less oxygen in the air, increases the amounts of poisonous gases inhaled. These gases can impair sight, smell, and reasoning power.

The heat produced by fire can cause loss of consciousness or death within several minutes. Our bodies can stand high temperatures (150°F to 250°F) for only moments.

Smoke is probably a fire's major threat. Smoke moves quickly and hampers visibility, obscures light, and blocks vision. Smoke particles irritate the respiratory system, impair sight, and cause coughing and sneezing. Smoke causes difficulty in breathing, seeing, and thinking clearly. These difficulties can lead to panic.

Escaping Fires

Once a fire starts, it spreads rapidly. Since there is usually little time to get out and much confusion, it is important that the caregiver knows what to do.

- Become familiar with ***escape routes***, exits, and policies of the place of employment.
- Plan an escape route from room and home. Work out an alternate route in case the primary route is blocked.
- Practice using the escape routes.
- Close the bedroom door before going to sleep. If fire should break out elsewhere in the house, the closed door may keep flames, gases, or smoke away long enough for rescue.

- Never open a hot door. If smoke is detected or there is a possibility of fire in the house, touch test the inside of the door. If it is hot, do not open it. Go to the window and wait for rescue there.

Smoke Detectors

At least one ***smoke detector*** should be placed in every floor of a home. The instructions that come with the smoke detector should be read for advice on the best place to install it. Make sure detectors are placed near bedrooms, either on the ceiling or 6-12 inches below the ceiling on the wall. They should be located away from air vents. Smoke detectors work by detecting early traces of smoke and setting off an alarm. There are two types of smoke detectors.

Ionization Chamber Smoke Detectors. This type of detector uses a tiny radioactive source to charge the air in the chamber. When smoke is detected, the reduction of the electrical current triggers the alarm. Advantages of this type of detector include that it is battery powered, easily installed, and is available in different price ranges. The disadvantage of an ionization chamber smoke detector is that battery sizes may range from AA alkaline cells to 12.6 volt size. This type of smoke detector should be returned to the manufacturer for disposal after it has worn out because it has a low level of radioactivity.

Photoelectric Smoke Detectors. Photoelectric detectors are slower than ionization in detecting fires, but respond more rapidly to smoldering fires and smoke. Smoke enters the unit and interrupts and reflects the light from a small bulb onto a photoelectric cell, which in turn sets off the alarm. Advantages are that it does not need batteries and replacements, and it does not have to be returned for disposal. A disadvantage of this type of smoke detector is that it requires a 120 volt installation because of heavier power requirements.

Reporting Fires

When calling the fire department, give them the following information:

- name
- address
- location of the fire
- size of the fire
- type of fire:
  class A — wood, paper, or trash
  class B — gas, grease, or other liquid
  class C — electrical

How To Put Out Fires

Caregivers need to know where fire extinguishers are located and how to use them. They also need to know how to put out specific types of fires such as the following:

- Wood, paper, or trash fire — cover with water or use Type A fire extinguisher.
- Grease fire—smother with soda and cover pan with lid. For grease fire in the oven, close oven door and turn oven off. NEVER use water on a grease fire.
- Kerosene or gasoline fire—if it is a small fire, cover with sand or dirt. For a larger one, get away from it and call the fire department.
- Electricity—unplug or shut off electricity. If plug is pulled, it is safe to use water.

Keep dry chemicals or carbon dioxide extinguisher for use on electrical and gas fires.

When you choose to extinguish or contain the fire, be careful. Keep an escape route open so you can get out if the fire gets bigger. Do not reach over the fire to get baking soda or the fire extinguisher since you could get burned or catch your clothing on fire. Report all incidents to the appropriate supervisor.

SOURCES OF ASSISTANCE

Information concerning product and home safety can be obtained by contacting the appropriate source. Specific comments or questions about safety may be directed to one of the following:

- Consumer Product Safety Commission
- U.S. Fire Administration

Consumer Product Safety Commission

The Consumer Product Safety Commission (CPSC) is charged to protect the consumers from unreasonable risks associated with consumer products, to assist consumers in voluntary comparative safety of consumer products, to develop uniform safety standards for consumer products and minimize conflicting state and local regulations, and to provide research and investigation into product-related deaths, illnesses, and injury. CPSC can be contacted at the following address:

Director
Bureau of Information and Education
Consumer Product Safety Commission
Washington, D.C. 20207*

Fire Prevention and Control

The ***U.S. Fire Administration*** monitors residential fire detectors and related equipment, encourages owners and managers of certain types of buildings to prepare fire safety effectiveness statements, and assists in the development of fire safety standards for consumer products. This agency also conducts educational programs on methods of fire prevention. For additional information contact:

U.S. Fire Administration
Federal Emergency Management Agency
P.O. Box 70274
Washington, D.C. 20024*

*Note: These addresses may change. If letters are returned, consult local state representatives for the current national addresses.

Points To Remember

☐ Hundreds of thousands of the elderly population over age sixty-five are treated every year in hospital emergency rooms for injuries associated with products they live with and use every day.

☐ More than 43 percent of all accidental injuries occur in and around the home.

☐ Falls are a leading cause of accidental deaths and injuries for the elderly.

☐ In all areas of the home or care facility, the caregiver should check all electrical and telephone cords, rugs, runners and mats, telephone areas, smoke detectors, electrical outlets and switches, light bulbs, stairways, and the emergency exit plan.

☐ The caregiver should follow general safety rules and household products safety rules relating to housekeeping matters.

☐ An emergency fire exit plan, as well as an alternate escape route, should be planned and understood by all members of a household or care facility.

☐ At least one smoke detector should be placed on every floor of a home.

☐ The Consumer Product Safety Commission (CPSC) protects the consumer from unreasonable risks associated with consumer products, assists the consumer in voluntary comparative safety of consumer products, develops uniform safety standards for consumer products, minimizes conflicting state and local regulations, and provides research and investigation into product-related deaths, illnesses, and injury.

☐ The U.S. Fire Administration monitors residential fire detectors and related equipment, encourages owners and managers of certain types of buildings to prepare fire safety effectiveness statements, and assists in the development of fire safety standards for consumer products.

Words To Know

antidote
Consumer Product Safety Commission
escape route
fuse
smoke detector
U.S. Fire Administration

Review

1. What is the leading cause of accidental deaths and injuries for the elderly?
2. How can the caregiver help to eliminate possible injuries or accidents of the elderly?
3. Name four kitchen safety rules a caregiver should follow.
4. How can a caregiver ensure the elderly person's safety on stairways?
5. Name five general safety rules the caregiver should follow when attending to housekeeping matters.
6. Describe what may occur if two or more household cleaning substances are combined.
7. Why is it necessary to have two escape routes form a home or care facility?
8. What are the do's and don'ts of extinguishing a grease fire?
9. What services does the CPSC provide to consumers?
10. What is the purpose of the U.S. Fire Administration?

22

Preventive Health Measures and Signs of Illness

ESSENTIAL ELEMENTS

- ☐ Identify characteristics and care needs of the elderly.(n1B)
- ☐ Explain the causes, symptoms, transmission, and prevention of communicable diseases.(n4A)
- ☐ Provide a safe and healthy environment for the elderly.(n4C)

OBJECTIVES

- ☐ Describe preventive measures the elderly can engage in to maintain good health.
- ☐ Discuss current infectious diseases.
- ☐ Identify infectious diseases for which the elderly should be immunized .
- ☐ Describe how to use medications safely.
- ☐ Point out possible signs of illness in the elderly.
- ☐ Describe signs of elder abuse and neglect and appropriate reporting procedures.

PREVENTIVE MEASURES

Maintaining good health is more than just preventing illness. Other factors necessary for good personal health are emotional stability, vitality, and a zest for living. Maintaining good health will not only help to prevent illness but will provide the elderly with the opportunity to live more full and satisfying lives.

As one ages, it becomes more difficult to ward off the effects of disease, accidents, and other stresses. It becomes necessary for the elderly to take precautions against accidents, exercise regularly, eat an adequate diet, and receive periodic medical examinations.

There are several ***preventive measures*** the elderly can engage in on a daily basis, such as diet and exercises (discussed in earlier chapters) and others less frequently, such as medical examinations. The elderly caregiver needs to be aware of the various preventive measures the elderly can take. This will enable the caregiver to encourage the elderly to incorporate these preventive measures as part of their lifestyles.

Exercise

Regular exercise is one of the important elements in the prevention of deterioration and maintenance of physical, as well as psychological well-being. It reduces factors that contribute to heart disease and thus promotes longevity. Regular exercise can increase oxygen consumption, ventilation capacity, blood flow, and muscle tone. It also has a direct effect upon one's state of emotional stress, general morale, boredom, and general outlook toward life.

Nutrition

Nutrition plays a major role in the physical and emotional well-being of the elderly. Eating a healthy diet provides the body with energy, strength, and an increased capacity to resist infection and disease. Refer to Chapter 14 for additional information on nutrition.

Physical Examinations

The elderly need to maintain a relationship with a personal physician and have a regular program of physical examinations for disease detection. Regular physical exams can detect any early signs of illness and influence the elderly person's attitude toward health. The exams can also help to boost personal morale and self-esteem. Individuals over sixty should have an exam once a year.

Gender Related Health Concerns

In addition to annual physical exams, elderly men and women require specific gender-related preventive health care. From the time a woman enters her childbearing years up until the last year of her life, the routine medical attention she requires extends over and above that of her male counterpart.

Even though elderly males have fewer gender specialized health concerns than do elderly females, men's specific health concerns require equal quality medical attention and monitoring.

Elderly Men. The ***prostate gland***, an organ in the male reproductive system, often causes health problems for elderly males. Examination of the prostate gland by the attending physician is included as part of an annual physical exam for men. Enlargement of a prostate gland will require additional attention or follow-up. Elderly men are more prone to developing prostate problems than men in other age groups.

It is not uncommon for the prostate gland to become enlarged in men over the age of fifty. An enlarged prostate gland can obstruct the urinary tract and lead to kidney damage or a bladder infection. Some cases may require surgical removal of the prostate gland.

The risk for developing cancer of the prostate gland increases with age. Frequently, by the time prostate cancer is diagnosed, the cancer most likely will have spread to other parts of the body. Yearly examinations of the prostate gland along with the annual physical is recommended for early detection and treatment of prostate cancer.

Physicians should be notified of signs of other conditions such as heart disease and depression. The risk for developing these conditions, however, does not fluctuate due to gender differences as it does for women.

Elderly Women. Women's specific health issues include the following:

- breast cancer
- cancer or disease of the reproductive organs
- osteoporosis

As the incidence of breast cancer and cancer or disease of the reproductive organs increases with age, it is important that elderly women receive regular mammograms, pelvic exams, and pap smears. These tests play an important role in the early detection of women's gender related cancers and diseases.

- ***mammogram:*** a low-dose X-ray of the breast. It is recommended that women over the age of fifty have a yearly mammogram in order to detect any growths or abnormalities occurring in their breast tissue that might be cancerous.
- ***pelvic exam:*** the standard procedure for examining a woman's reproductive organs and surrounding internal areas. The examination provides the physician with information such as abnormalities, tumors, cysts, infections, or muscle weaknesses of reproductive organs and internal tissue. Yearly exams are recommended.
- ***pap smear:*** a simple cancer detecting test requiring laboratory evaluation. Pap smears should be performed yearly in conjunction with annual pelvic exams.

Menopause or the cessation of a woman's menstrual cycle, marks the end of a woman's childbearing years. At the time of menopause, a ***hormone*** (substance produced by a body organ) called ***estrogen*** reaches very low levels. Lowered levels of estrogen in the body can eventually lead to the following conditions:

- osteoporosis
- increased risk for heart disease
- depression and/or insomnia

One way to alleviate some of the negative affects of menopause is to take prescribed medications to regulate the body's hormonal levels. If hormone levels are not regulated properly women can develop an increased risk for osteoporosis, heart disease, and/or depression.

- ***Osteoporosis:*** a bone disorder that causes bones to become brittle and porous. Hormone medications can reverse bone loss for up to two years. Osteoporosis is a major contributing factor to hip, spine, and wrist fractures and afflicts nine out of every ten women over the age of seventy-five. There is no cure for osteoporosis; however, some lifetime preventive measures include a diet high in calcium (vital for bones) and a regular exercise program.
- Heart disease: for a long time identified as a male health issue, is now recognized as a killer of as many elderly women as it is of men in similar age groups. The risk for women developing heart disease increases after childbearing years to equal that of men.
- Depression: prior to, following, or as a result of hormone changes in the body. Depression should be brought to the attention of a physician who may prescribe appropriate medication and/or recommend appropriate therapy. An increase in activity levels, such as beginning a regular exercise program, has been known to lessen feelings of depression.

INFECTIOUS DISEASES

An ***infectious disease*** is a disease that has a tendency of spreading to others. There are many different types of infectious diseases such as scabies, shingles, ringworm, dysentery, influenza, AIDS (acquired immunodeficiency syndrome), Hepatitis, and TB (tuberculosis). Some infectious diseases are controllable through immunizations, while others depend entirely upon preventive measures. The overall number of reported cases of infectious diseases have greatly decreased over the years. This is due to strict enforcement of sanitary procedures in institutional care, less crowded conditions, and an increase in educational awareness about early intervention, detection, and treatment.

Two infectious diseases that have received much attention in recent years through the media and publications are acquired immune deficiency syndrome (AIDS) and Tuberculosis (TB).* Unlike most other infectious diseases, new cases of both of the AIDS and TB diseases continue to multiply on a daily basis and all age groups of the population are affected including the elderly. There are over 1.5 million persons in the United States alone who are infected with the HIV virus which causes the AIDS disease, and over 22,000 new cases of TB disease are reported each year in the United States. Although TB disease can be successfully treated, there is not at this time a cure for the AIDS disease. This means that implementing recommended preventive measures to stop the spread of the HIV virus that causes the AIDS disease is especially crucial.

Elderly persons suspected of having contracted the HIV virus should be recommended for testing as soon as possible. Many people who are infected with the HIV virus do not have symptoms and in fact may never develop AIDS. It may take seven to eight years or even longer before a person infected with the HIV virus actually develops the AIDS disease. Although the symptoms of AIDS vary from person to person, some of the physical signs may include the following:

- recurring fever
- diarrhea that persists for more than two weeks
- persistently swollen glands in the neck, underarm, or groin
- weight loss without explanation
- chronic fatigue
- night sweating
- shortness of breath
- dry cough

TB skin tests should be administered to the elderly as recommended to determine if they are infected with or have TB disease. TB is treatable through proper doses of prescribed medication. TB tests of persons who are infected with both the HIV virus and TB will frequently show up as negative. This is due to the person's improperly functioning immune systems. If a person with the HIV virus is suffering from the symptoms of TB, additional medical tests should be performed to determine if the person in fact has TB disease so that he or she might be properly treated. The medications and methods used in the treatment of TB disease for persons who are also infected with the HIV virus may differ from treatment for persons with TB disease only. Symptoms of TB disease include the following:

- feeling weak or sick
- experiencing unexplained weight loss
- experiencing fever and/or night sweats
- long-term coughing
- experiencing chest pain
- coughing up blood

See *AIDS and Tuberculosis* in Chapter 20 for further information on this topic.

IMMUNIZATIONS

The elderly should be protected from infectious diseases because there is a greater threat of severe illness or mortality among the elderly than younger age groups. Certain diseases, such as diphtheria, tetanus, and influenza, deserve continuous attention. The elderly should be immunized by their personal physician or at a special geriatric clinic instead of at a routine immunization clinic where individuals are handled on a mass basis. A personal physician can take into account the elderly person's needs and tolerances for a vaccine.

The elderly should be protected from the following diseases:

- ***diphtheria***-the elderly should be immunized every ten years because this disease is highly contagious if they are exposed to it. This is an infectious disease caused by ***bacterium*** or one-celled microscopic organisms.
- ***tetanus***-immunization is very important for the elderly who participate in outdoor activities such as gardening. Tetanus has a high mortality rate, especially for those in the

forty and over age group. Booster doses should be given every ten years and immediately after a wound such as a skin puncture from a rusty nail. This infectious disease is caused by a toxin that enters the body through wounds.

- *influenza*-annual immunization is recommended for the elderly, especially if they have chronic conditions. The elderly should be immunized in advance of any epidemic, usually early in the fall. Influenza is an infectious disease caused by specific viruses that affect the respiratory tract.

DRUGS

Elderly persons consume 25 to 35 percent of all prescription and over-the-counter drugs sold in the United States. It is reported that persons over the age of sixty-five use more over-the-counter medications that any other age group. Drugs are often misused by the elderly and their physicians. Some of these drugs are prescribed for chronic conditions, such as arthritis, diabetes, cardiovascular disorders; Other drugs, such as tranquilizers and sedatives, are used to control the depression, anxiety, and insomnia often seen in aging. Physicians often prescribe too much medication or medications in combinations that create bad reactions in the elderly. The elderly often cannot open the new "child proof" containers or are unable to read labels. Thus, they do not know how much medication to take or are unable to take any.

More and more of the elderly are beginning to swap medications with their friends. They often feel if a medicine works for them, it will also work for friends. This is extremely dangerous and should always be reported to the person in charge immediately. Instructions for medications should be followed very carefully. Mixing some medications with alcohol or taking too many medications too often can cause serious illness and even death.

The caregiver should be aware of all the medications and the amounts of the medications the elderly person is taking. The caregiver may often have to remind the elderly person to take medications. Pill boxes are often helpful for the elderly because pills can be placed in the order to be taken, and the boxes are easy to open and close. Pharmacists will often replace child proof caps with easier-to-open lids.

The caregiver should observe the following guidelines when caring for the elderly:

- The person should always take the amount of drug prescribed by the doctor.
- An individual should never take drugs prescribed for someone else.
- Ask for non-child proof containers if it is impossible for the elderly person to open child proof containers.
- Make sure the elderly person understands the directions listed on the prescription label.
- Discard medicines with old expiration dates.
- Call the doctor immediately if the elderly person experiences any unusual side effects from any medications.
- Be careful in mixing food and drugs.
- Know what precautions to take with specific drugs (stay out of the sun, take with liquid, take on full or empty stomach, and avoid alcohol)
- Encourage the elderly person to tell the current doctor if another doctor has been visited previously.
- Encourage the elderly person to tell the doctor about all medicines being taken.

Table 22.1 is a sample of the hazardous combinations of drugs with which the elder caregiver should be familiar. The caregiver can ask a physician or pharmacist for further information on other drug combination hazards.

SIGNS OF ILLNESS

When working with the elderly, the elderly caregiver should learn to recognize the signs of physical or emotional problems as early as possible. The caregiver should always be alert to any changes in the behavior patterns of the elderly person. If helping with hygiene needs,

Drug Combination Hazards

This Drug	Mixed with.....	Can Cause
Aspirin	Alcohol	Stomach bleeding
Darvon	Cigarette smoking	Reduced pain relief
Contac, Histapan, and Teldrin	Alcohol	Drowsiness
Antibiotics	Alcohol	Headache, nausea, and vomitting
Barbiturates, sedatives, and tranquilizers	Alcohol	Drowsiness to death
Alka-2, Rolaids, and Tums	Tetracyclines	Infections may continue
Antacids, Rolaids, and Tums	Iron preparations (for anemia)	Anemia may continue
Ampicillin	Citrus fruit juices	Reduced absorption and infection may continue
Tetracyclines and Mycins	Milk and dairy products	Reduced absoprtion and infection may continue
Antidiarrheals (lomotil)	Barbiturates, sedatives, and tranquilizers	Increased drowsiness and sedation or hypnosis
Penicillin	Food	Reduced effectiveness (take 1-2 hours before meal or 2 hours after meal)

Table 22.1

the caregiver can use the time to be particularly alert to signs of possible physical illness or changes in general well-being.

Early detection of an illness is important. Recognizing the signs of an illness early and obtaining needed medical care usually result in a speedier recovery. When evaluating the signs of illness, the caregiver should know that a mild symptom, as well as a severe symptom, can precede a serious illness. The caregiver must be able to give an accurate description of observations to the appropriate professional. The two types of key observations, objective and subjective, should both be taken note of by caregivers who help provide personal care for the elderly.

Objective observations are signs that one can see or changes that are occurring outwardly or physically. The following are possible objective observations that may indicate problems:

- face — dull, indifferent, anxious, tired, or expressionless
- eyes — unusual movement, sunken, protruding, discharging, puffy, or dark circled
- eyelids — red, swollen, heavy, or drooping
- pupils — dilated, contracted, or unequal
- nose — discharging, sore, or bleeding
- lips — pale, blue, dry, cracked, or sore
- mouth — trembling, twitching, or sore
- breath — hot and feverish, sour, foul, or irregular breathing
- tongue — dry, pale, or coated
- posture — slumping or unsteady
- bones — prominent or unpadded
- muscles — flabby, loose, or tense
- position of patient — difficult movement or drawn up knees
- condition of abdomen — tender to touch or enlarged
- hands — hot, cold, moist, dry, swollen, extremely wrinkled, pale or flushed, or red splotches
- fingers — clubbed, restless, trembling, picking at clothes, or inactive
- feet — shuffling, dragging, or motionless
- joints — enlarged, swollen, tender, or distorted or out of place
- circulation — general body swelling or discolored skin
- skin — itching, sore, tender, irritated, off-color (blue, yellow, gray, red), or sweating
- body excretions — lacking control of bowel and bladder, pain, or blood
- nails — hard, brittle, or pale
- general condition — losing strength, weakness, losing appetite, or restless sleep

Subjective observations are sensations, feelings or emotions expressed by the elderly person. Caregivers should pay attention to the following:

- descriptions of pain — sharp, dull, constant, or interval
- sensations and physical reactions such as hot, cold, shivering, tingling, prickling, color, odor, touch, pressure, hunger, thirst, or appetite
- feelings or emotions such as fear, anxiety, worry, distrust, happiness, faintness, dizziness, or spots before the eyes
- loss of function of any senses
- whether the elderly person enjoys visitors, conversation, reading, or whether the elderly person easily tires.
- sleeping patterns

ELDER ABUSE AND NEGLECT

As family violence and dysfunction increase throughout society, so does the abuse and neglect of elderly persons both in family care situations as well as in professional care situations. In many cases, the frail elderly persons who are being neglected or abused will not complain due to their dependence upon the caregiver who is guilty of the mistreatment. Elderly persons experience mistreatment through neglect and/or abuse. ***Elder neglect*** is the failure of a caregiver to provide adequate care for whom the caregiver is responsible. It is not what the caregiver willfully does to the elderly person; it is what the caregiver fails to do for the elderly person in need. The two types of neglect are as follows:

- ***Passive neglect*** is unintentional. An example of passive neglect would be not knowing the

elderly person was ill; therefore not seeking medical attention for that elderly person.
- ***Active neglect*** is intentional. An example of active neglect would be denying the elderly person food or needed medication.

Elder abuse is the intentional infliction of physical, financial, and/or psychological harm directed at the elderly person by the caregiver. All persons associated with the elderly are in a position to enhance or to neglect and abuse, including family members and friends.

The signs, symptoms, and characteristics of neglectful and/or abusive caregivers include the following:
- has recent health problems
- is depressed
- is preoccupied
- excuses self for failures
- tells conflicting stories
- is aggressive
- is defensive
- abuses alcohol or drugs
- shifts blame to others
- is resentful
- neglects personal care
- has recent monetary gain
- has excessive fatigue

The signs, symptoms, and characteristics of elderly victims who are suffering from active neglect and/or abuse at the hands of caregivers include the following:
- has advancing depression
- has frequent physical injuries
- complains of pain where there is no visible injury
- has overly cooperative attitude
- wants to please others
- has recent financial loss
- is timid and withdrawn
- displays anger
- experiences anxiety
- is non-responsive and emotionless
- is confused
- desires death
- has obscure health complaints
- talks about seeking medical care
- does not react to pain

The signs, symptoms, and characteristics observed in elderly persons who suffer from passive neglect at the hands of caregivers include the following:
- is tired
- is listless
- is in need of medical attention
- is in need of dental attention
- appears undernourished
- has regularly dirty and torn clothing
- lacks hygiene habits
- has skin rashes or skin conditions rising from lack of cleanliness
- requests and looks for food
- remains alone for long periods of time

Any person who believes that an elderly person has fallen victim to abuse or neglect should call the twenty-four hour abuse hotline 1-800-252-5400 (or the Department of Human Services) or file a report by sending or calling in the following information to Adult Protective Services:
- elderly person's name, age, and address
- caregivers name and address
- nature of the elderly person's condition
- the basis of the reporter's information
- other applicable information

Elderly persons may request protective services for themselves. Persons who report elderly abuse will not be liable for any damages unless that person filed the report with the singlemost intention of causing injury to another person.

Abuse and neglect of the elderly has been labeled a "national disgrace". Help is needed for the abused victims as well as for those who abuse and neglect elderly persons.

Points To Remember

- ☐ Maintaining good health helps to prevent illness and provides the elderly with fuller and more satisfying lives.
- ☐ It becomes more difficult to ward off the effects of disease, accidents, and other stressors as one ages.
- ☐ Regular exercise is one of the important elements in the prevention of deterioration and the maintenance of physical as well as psychological well-being.
- ☐ Nutrition plays a major role in the physical and emotional well-being of the elderly.
- ☐ Regular physical exams can detect early signs of illness and influence the attitudes of elderly persons toward their health.
- ☐ Yearly examinations of the prostate gland along with the annual physical is recommended for early detection and treatment of prostate cancer in men.
- ☐ Low levels of estrogen in a woman's body can eventually lead to osteoporosis, an increased risk for heart disease, and depression and/or insomnia.
- ☐ Mammograms, pelvic exams, and pap smears should be part of a woman's annual physical exam as an early detection and/or preventive measure against gender related cancers and diseases.
- ☐ TB tests of persons who are infected with both AIDS and TB will frequently obtain negative TB skin tests.
- ☐ The elderly should be protected from and immunized against certain infectious diseases such as diphtheria, tetanus, and influenza.
- ☐ The elderly consume 25 to 35 percent of all prescription and over-the-counter drugs consumed in the United States.
- ☐ Recognizing the signs of an illness early and obtaining needed medical care usually result in a speedier recovery.
- ☐ Objective observations are signs that you can see or changes that are occurring outwardly or physically.
- ☐ Subjective observation are sensations, feelings, or emotions expressed by the elderly.

☐ In many cases, the frail elderly person who is being neglected or abused will not complain due to dependence upon the caregiver who is guilty of the mistreatment.

Words To Know

active neglect
bacterium
diphtheria
elder abuse
elder neglect
estrogen
hormone
infectious disease
influenza
mammogram
menopause
objective observations
osteoporosis
pap smear
passive neglect
pelvic exam
preventive measures
prostate gland
subjective observations
tetanus

Review

1. Why is it important to maintain good health throughout one's life?
2. Discuss four preventive measures the elderly can engage in to maintain good health.
3. How can the caregiver encourage an elderly person to follow preventive measures to ward off diseases, accidents, and other stresses?
4. What is estrogen and what two health risks increase for elderly women whose bodies no longer produce it?
5. Discuss three health prevention tests that elderly women should have done every year.
6. When might the results of a TB test be negative even though the person has TB disease? Explain.
7. Describe three infectious diseases that elderly persons should be immunized against.
8. Explain six guidelines the caregiver can implement to the elderly for safe use of their medications.

9. Describe signs and symptoms of dangerous drug combinations.
10. What are the benefits of early detection of an elderly persons' illness?
11. List four objective observations the caregiver might note which would indicate possible problems in the health of an elderly person.
12. What are subjective symptoms?
13. What are some signs, symptoms, and characteristics of caregivers involved in the practice of elder neglect and/or abuse?
14. What are some signs, symptoms, and characteristics of elderly victims suffering neglect and/or abuse at the hands of caregivers?

23

Vital Health Signs

ESSENTIAL ELEMENTS

- ☐ Identify characteristics and care needs of the elderly.(n1B)
- ☐ Provide a safe and healthy environment for the elderly.(n4C)

OBJECTIVES TO ACHIEVE

- ☐ Identify the vital signs.
- ☐ Give examples of when to take one's temperature.
- ☐ Describe the procedure for taking one's temperature.
- ☐ Demonstrate how to read a thermometer.
- ☐ List the steps in taking one's pulse.
- ☐ Describe the procedure of taking one's respiration count.

One of the elder caregiver's many duties is to master the art of accurately taking and recording ***temperature***, ***pulse***, ***respiration,*** and ***blood pressure***. The amount of information that needs to be recorded depends upon the needs of the elderly person, requests made by a doctor, nurse, or person in charge, and specific symptoms and situations. Basic information such as date, time of observation, pulse rate, respiration, temperature, and blood pressure are usually recorded on a chart. Any unusual symptoms should also be recorded. The caregiver should always initial the chart after making entries.

Temperature, pulse, respiration, (TPR) and blood pressure (BP) are referred to as ***vital signs*** and reflect or indicate a change in a person's condition. The vital signs of individuals at home are not checked as often as the vital signs of individuals in a hospital. Those living at home or in a similar atmosphere are usually in a more stable condition. The caregiver should be able to ***monitor*** (check) and record the vital signs regardless of the type of facility where employed.

Temperature is the heat in the body or the balance between the heat produced in the body and the heat lost. The pulse indicates how the heart is beating. Respiration is the process by which the body takes oxygen into the lungs and eliminates carbon dioxide; it is indicated by how often a person breathes in and out and how the breathing sounds. Blood pressure is the amount of effort the heart exerts to circulate the blood. TPR and BP are used for evaluating an individual's condition by doing the following:

- obtaining knowledge of the individual's physical condition
- keeping a continuous record for use in determining the course of an individual's illness
- aiding the doctor in making a diagnosis of the individual's illness
- aiding the doctor in determining treatment for the individual

When monitoring and recording an individual's vital signs, it is important that the caregiver do the following:

- act with care
- be accurate
- record information immediately
- write legibly and understandably
- report sudden, abnormal changes immediately

If in doubt, the caregiver should always report a change in vital signs. Reporting an unnecessary reading is far better than failing to report a necessary reading which might affect the recovery of the person.

TEMPERATURE

There are four methods of taking the temperature: oral, rectal, axial, and through the ear. An individual's age and illness will determine which method is most suitable. The oral method is the most common, the rectal method is more accurate, and the axial or armpit is the least accurate. Taking temperature readings through the ear with a special digital ear thermometer gives the most accurate readings; however, digital ear thermometers are expensive.

Although a person may be ill without fever, fever is usually a sign of illness. Certain symptoms, observed or expressed by the elderly, indicate that temperature should be taken. Some of these symptoms include the following:

- flushed face or any skin rash
- hot, dry skin
- excessive thirst
- rapid pulse
- headache
- aching in joints or over entire body
- nausea or vomiting
- diarrhea or constipation
- pain
- cough or respiratory distress

If the temperature is not within the normal ranges of body temperature (97.6° F to 99.6° F, oral and through the ear; 98.6° F to 100.6° F, rectal; and 96.6° F to 98.6° F, axial or armpit) one should seek medical attention. Be sure to report which method was used for taking the person's temperature.

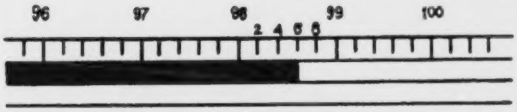
Since extremes of temperature range can be dangerous, it is important to learn procedures to counteract them. Cool sponges, bed rest, and forcing fluids may be useful to reduce fever. Subnormal temperatures require a warm environment, rest, and warm drinks.

Procedure For Taking Temperature

The caregiver should know how to use and to read a standard thermometer. The following steps should be followed when taking the temperature with a standard thermometer:

1. Gather supplies.
   a. thermometer in container
   b. container of cool, clean water (too warm a temperature will break the thermometer)
   c. soap

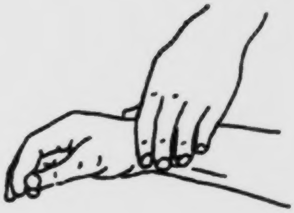
   d. cotton balls or other wipes
2. Wash hands well.
3. Clean the thermometer.
   a. Use soap and water on a clean cotton ball or other wipe.
   b. Use a firm rotary motion from stem to bulb and immediately discard cotton or wipe as this may spread germs back onto thermometer.
   c. Rinse with clean damp wipe/cotton ball following procedure described in step b.
   d. Repeat steps a, b, and c, rinsing thoroughly.
4. Hold the thermometer firmly at the top of stem with your thumb and first two fingers. Shake the thermometer by snapping your arm and wrist down as if you were shaking water off your hand. Shake thermometer down to below 95° F.
5. Place in mouth under tongue, anus, or armpit (use lubricating jelly on a rectal thermometer to protect against breakage).
6. Leave thermometer in place for 3 to 5 minutes (ten minutes in armpit), then remove the thermometer, wiping dry with a dry cotton ball in a rotary motion toward the bulb.
7. Turn the stem of the thermometer until you see the mercury column or the digital reading.



8. Read temperature recording on thermometer and write it down.
9. Wash and rinse thermometer carefully as in Step 3.
10. Replace thermometer in its case or container. If using a glass for container, put cotton ball in the bottom to protect the bulb.
11. Wash your hands.

PULSE

Pulse is the rise and fall of arterial blood as it is forced through the arteries by the contraction of the left ventricle (lower heart chamber). It serves as an indicator of the frequency of the heartbeat. Pulse is present in all arteries but can be felt best in the radial artery (inner wrist behind the thumb). The pulse can also be felt on the sides of the neck, the lower jawbone, in front of the ear, and near the groin. The average pulse rate is between 72 and 80 beats per minute. Outside forces that may increase pulse beats are exercise, posture, eating, emotions, and stimulations. Rest can slow the pulse rate, which is the reason for frequent rest for persons with heart problems. Some medications may affect heart action. For this reason, the caregiver should be aware of any and all of the elderly person's medications.



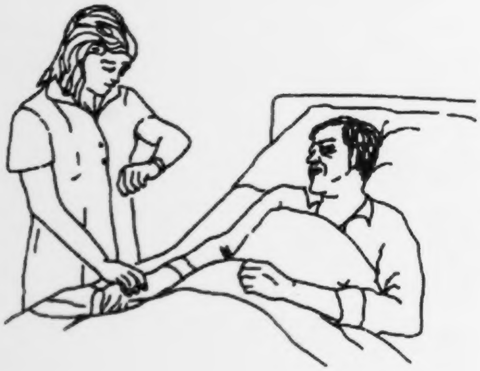
For accuracy, the pulse should be counted for a full minute using a watch with a second hand. When taking the pulse rate of a person the caregiver should note and record the strength of the beat. Terms to describe the strength of the heartbeat are "weak," "strong," "thready," "irregular," and "fluttering." The caregiver should follow the steps listed below when taking the pulse:

1. Place your finger on radial artery (inner wrist behind thumb).
2. Count the rate of pulse for a full minute using a watch with a second hand.
3. Record the pulse rate and any other observations.

Elderly persons who participate in exercise programs approved by their physician should be made aware of their ***target heart rate***. Target heart rate is the number of beats per minute that a person's heart should reach during exercise in order to contribute to cardiovascular fitness. The following method can be used to determine personal target heart rate:

1. Have the person sit quietly for five minutes. Check pulse rate. This is the ***resting heart rate***.
2. Subtract the person's age from 220 to get the ***maximum heart rate***.
3. Subtract the resting heart rate from the maximum heart rate to get the ***heart rate reserve***.
4. Multiply the heart rate reserve times .70 to get the ***heart rate raise***.
5. heart rate raise + resting heart rate = target heart rate.

Occasionally the elderly person should monitor his or her target heart rate by pausing briefly in the middle of exercise routines to check pulse rates. Count pulse rate for ten seconds and multiply by six to get the per minute rate. If the number is higher than the target rate, then the exercise routine should be slowed down or modified to prevent over-exertion.



RESPIRATION

Respiration is the process by which air is inhaled and exhaled. The respiration rate is counted per minute. Adults normally breathe at a rate from 10 to 20 times per minute. Elderly persons generally breathe more slowly. Chronic respiratory diseases, such as emphysema, are fairly common in elderly persons along with respiratory problems resulting from poor circulation. Fever, emotions, exercises, and overeating may increase the rate of respiration. Unusual variations should be recorded along with skin color.

Because the rate of breathing can be controlled somewhat by each person, the count should be taken when they are unaware that the rate of breathing is being counted. The rate of respiration might be counted before or after the pulse, while your fingers are on the client's wrist. Be sure to observe and record any unusual symptoms such as difficult or painful breathing. The caregiver should follow the steps below when taking respiration count.

1. Hold the individual's wrist as if you are monitoring the pulse.
2. Begin counting the individual's respiration (one rise and one fall count as one respiration) by noting the position of the second hand on the watch when the chest rises as the individual inhales. Continue counting as the chest rises for a full minute to get the number of respirations to record. You can also count the individual's respiration for 30 seconds. Multiply the number you counted by two to get the respirations per minute to record.
3. Record the rate and any unusual observations.

BLOOD PRESSURE

Blood pressure indicates the amount of pressure or force exerted against the walls of the arteries by the blood. An ideal blood pressure reading is 120/80 (140/85-90 or higher is regarded as high blood pressure). The top number in the reading or ***systolic pressure*** is representative of the heart contracting. The bottom number or ***diastolic pressure*** is representative of the heart relaxing.

In order to check a person's blood pressure a cuff is wrapped around the arm and a stethoscope is placed over the arteries of the arm just below the cuff. Air is pumped into the cuff, which causes the flow of blood to stop. As the air slowly exits out of the cuff the blood flow returns and the blood pressure can be read on the gauge of the mercury tube or instrument scale. The results are then recorded.

Today, in most cases, equipment is used where the reading is automatically transmitted instead of a person having to take the reading. The elderly person's blood pressure should be taken periodically. If the elderly person's reading is abnormal, report it to the supervisor or person in charge.

Points To Remember

- ☐ Temperature, pulse, respiration, and blood pressure (TPR and BP) are referred to as vital signs and reflect or indicate a change in a person's condition.
- ☐ Temperature is the heat in the body or the balance between the heat produced in the body and the heat lost.
- ☐ There are four methods of taking the temperature: oral, rectal, axial or armpit, and through the ear.
- ☐ Symptoms such as flushed face, excessive thirst, rapid pulse, and a headache indicate that temperature should be taken.
- ☐ Pulse is the rise and fall of arterial blood as it is forced through the arteries by the contraction of the left ventricle.
- ☐ The pulse indicates how the heart is functioning and how fast the heart is beating.
- ☐ Occasionally the elderly person should monitor his or her target heart rate by pausing briefly in the middle of exercise routines to check pulse rates.
- ☐ Respiration is the process by which the body takes oxygen into the lungs and eliminates carbon dioxide; it is indicated by how often a person breathes in and out and how the breathing sounds.

Words To Know

blood pressure
diastolic pressure
heart rate raise
heart rate reserve
maximum heart rate
monitor
pulse

respiration
resting heart rate
systolic pressure
target heart rate
temperature
vital signs

Review

1. Name the four "vital signs" described in this chapter.
2. Why is it necessary to monitor the "vital signs" of the elderly?
3. How are TPR and BP used to evaluate an elderly person's condition?
4. What are four things the caregiver should do when monitoring and recording an elderly person's "vital signs"?
5. What are five symptoms that indicate that one's temperature should be taken?
6. List the steps to be followed when taking an elderly person's temperature.
7. What does pulse indicate?
8. What is target heart rate and how does one determine his or her own target heart rate?
9. Name four areas of the body where the pulse can be felt.
10. List the steps to follow when taking one's respiration rate.
11. What is the difference between diastolic and systolic pressure?
12. Describe the procedure for taking blood pressure readings.

24

First Aid

ESSENTIAL ELEMENTS

- ☐ Demonstrate communication skills.(n6B)
- ☐ Describe crisis management techniques for the elderly and for care providers.(n6C)

OBJECTIVES TO ACHIEVE

- ☐ Describe simple first aid principles.
- ☐ Give examples of common first aid supplies.
- ☐ Demonstrate an ability to apply first aid procedures in an accident situation.
- ☐ Identify community resources for assistance in emergencies.

An ***accident*** is an unplanned act resulting in injury or death to persons and/or damage to property. Unsafe behavior and/or unsafe environments contribute to most accidents or emergencies in the home. Most accidents can be prevented.

FIRST AID PRINCIPLES

When working in services for the elderly, emergencies will occur especially in a private home situation. It is important for the caregiver to know what to do, as well as what not to do. The first aid principles below will help the caregiver meet home emergency needs of the elderly.

1. Look over the situation.
    - Is the emergency or injury minor or major?
    - Does the emergency or injury require immediate medical attention?
    - Can the situation be remedied with first aid at home?
2. Check the elderly person.
    - Determine the extent of the injury, if

possible.
   - If the elderly person is conscious, ask for a description of any pain or injury that may not be visible.
3. Make the elderly person comfortable.
   - If the elderly person is seriously hurt, do not move. Wait until medical assistance arrives.
   - If needed, gather blankets to cover the person.
   - Try to keep the elderly person as calm as possible.
4. Give the necessary first aid treatment.
   - Give first aid if the person does not require professional medical attention.
   - Give first aid if attention is needed before medical help arrives.
5. Call for medical assistance.
   - If necessary, phone the ambulance, paramedics, or fire department.
   - If medical attention is required but assistance is not needed at the scene of the emergency, take the elderly person to the hospital emergency room or nearest urgent care center and contact the adult responsible for the elderly person.

FIRST AID SUPPLIES

When home emergencies occur, first aid supplies are often needed immediately. First aid supplies should be stored together out of the reach of children, secured in a cabinet or box, and easy to locate. First aid supplies kept in the home for minor ailments or emergencies should include most of the following:

- Antacid and sodium bicarbonate — for stomach acidity, heartburn, or indigestion.
- Antidiarrheal remedy — for diarrhea.
- Aromatic spirits of ammonia — for quick revival for faintness.
- Aspirin and acetaminophen — to relieve headaches and pain.
- Calamine lotion — for poison ivy, prickly heat, itching, skin rashes, and insect bites.
- Decongestant — for relief of cold symptoms.
- Epsom salts — for foot baths and hot compresses.
- Iodine or a mercury antiseptic — to clean minor wounds.
- Mineral Oil — for minor burns and lubrication.
- Petroleum jelly — for minor irritations and lubrication.
- Syrup of Ipecac — to bring on vomiting if poison is swallowed.

Other items for first aid and the sick room should include the following:

- band-aids
- 1-inch and 2-inch roller bandages
- gauze pads (two inches square)
- adhesive tape
- scissors
- elastic bandage, three inches wide
- tweezers
- hot water bottle
- thermometer
- cold steam vaporizer
- first aid manual

Home first aid supplies will vary according to the needs of the elderly. Some people will keep all of the items listed above in their first aid supplies, while others will keep more or less.

EMERGENCY PHONE NUMBERS

Perhaps the most important item needed in the medicine cabinet is a list of the following phone numbers: doctor, hospital, emergency room, ambulance, police department, fire department, poison control center, and relatives to contact in case of an emergency. It is also important to keep a list of the same numbers by each telephone in the home.

The ***emergency medical system (EMS)*** is an excellent source of help when emergency situations occur. The EMS consists of an entry system, a response system, and a medical receiving system. Most parts of the country have a 911 EMS system. Under the 911 EMS system, an emergency is reported by calling 911. The call goes to a dispatcher who forwards the request for help to the nearest hospital, police, or fire station. Some of the 911 systems have selective call routing in which a computer switches the call to the nearest service. Without the 911 EMS system, it may be necessary to dial separate seven-digit emergency numbers.

It is important that the caregiver accurately provide the necessary information when making an emergency call. Remember the word ***LIFE***. Each letter of this key word stands for information needed when making an emergency call:

- L — Location of emergency.
- I — Injuries which have occurred and number of people injured.
- F — First aid that already has been given.
- E — Equipment required to treat specific emergency situations. (Example: a pacemaker failure would require special electronic equipment).

In any accident situation, follow these general first aid guidelines:

- Keep calm.
- Check on breathing and bleeding problems.
- Do not move the injured person unless necessary.
- Call for medical help.
- Keep the injured person quiet and comfortable.

Apply first aid as needed until medical help arrives. Burns, wounds, fainting, choking, and shock are common first aid situations the caregiver may encounter on the job. First aid procedures to follow for each of these situations are given below. Methods for treating poisoning are also included.

BURNS

A ***burn*** is defined as any body tissue damage caused by fire, hot liquids, acids, or intense heat. A person should avoid removing clothing that is stuck to burned areas, but when possible, remove clothing from the burned area before it is treated. Medicine or ointment should not be applied to burns except when ordered by a doctor. Blisters should not be broken. The three types of burns and recommended first aid for each are listed in table 24.1.

Types of Burns

Type	Description	First Aid
First Degree	Skin reddened but unbroken	Place under cold water.
Second Degree	Skin reddened, blisters formed	Place under cold water. Cover with a dry, sterile dressing.
Third Degree	Skin partially destroyed	Cover entire area with a dry, sterile dressing.

Table 24.1

WOUNDS

A ***wound*** is any break, cut, pierce, or tear in body tissue. ***Abrasions***, ***incisions***, ***lacerations***, and ***punctures*** are types of wounds. When cleansing a wound, wash toward the outside of the wound rather than toward the inside of the wound. Elevate a wounded leg or arm to help control bleeding. Do not give fluids by mouth to persons with chest or abdominal wounds except when ordered by a doctor. Be sure that puncture wounds bleed. Bleeding helps wash out germs from inside a puncture wound. Table 24.2 describes the different types of wounds and lists some general guidelines for treatment. A doctor or other medical personnel should be contacted if wounds are major.

FAINTING

Fainting is caused when there is too little circulation of blood to the brain. Because the causes of fainting vary, the caregiver should contact the elderly person's doctor. Fainting may be triggered by hunger, fatigue, standing too long, giving a blood sample, viewing an injury, or a powerful emotion such as fear. The signs that indicate fainting include a feeling of light-headedness, dizziness, or weakness; cold, moist, and pale skin; profuse perspiration; and often, nausea and vomiting.

The person who feels faint should sit down, lean forward, and lower the head between the knees, or lie down, if possible. Recovery occurs rapidly as gravity brings an increased blood supply to the head. Cover the person to maintain body heat, but do not overheat. Bathe the person's face with cool water. If available, smelling salts or spirits of ammonia can be used. The person should rest for at least 10 minutes or fainting might recur. Injury resulting from falling is one danger of fainting.

SHOCK

Shock is the disturbance of body functions resulting from circulatory failure and is commonly associated with injury. An injured person should be treated for shock as a precautionary measure even if no symptoms of shock are evident. The signs that indicate shock include

Types of Wounds

Type	Description	First Aid
Abrasions	Skin rubbed or scrapped against a hard or rough surface	Wounds may be minor or major. For minor wounds, cleanse the wound thoroughly and cover with a dry, sterile dressing. For major wounds, control bleeding by applying a pressure dressing directly over the wound and secure the dressing firmly in place.
Incisions	Skin cut by sharp objects such as razor blades, knives, glass, or can openers	Same treatment as for abrasions
Lacerations	Skin torn jagged and irregular by machinery, hand tools, and saws	Same treatment as for abrasions and incisions
Punctures	Skin penetrated by nails, knives, needles, or other sharp objects	For puncture wounds, apply pressure to the surrounding flesh to encourage bleeding. Then cleanse again and apply dressing.

Table 24.2

pale, moist, and cool skin; weak and rapid pulse; shallow and irregular breathing; vacant dazed eyes with dilated pupils; weakness, confused attitude; excessive thirst; nauseous feeling with or without vomiting; and sometimes unconsciousness. Unless absolutely necessary, the person in shock should not be moved before medical assistance arrives. Cover the person to maintain body heat, but do not overheat. The person should be kept lying down. If there are no chest injuries or breathing difficulties elevate the feet about 10 inches. Do not elevate the feet if doing so causes pain. If there are head or chest injuries, breathing difficulties, or pain when legs are elevated, raise the person's head and chest eight to ten inches. Keep the person lying flat when in doubt. Place the person on side if unconscious.

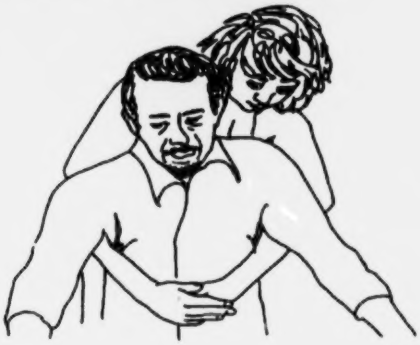
CHOKING

Occasionally, a person will choke while eating food or drinking a beverage. ***Choking*** occurs when a foreign object lodges in a persons throat and prevents breathing. When choking occurs, the person cannot speak and may not be able to move. The choking victim may be unable to alert anyone to what is happening. Without help, the person will die in only a few minutes.

Prevention of choking involves being aware of the elderly person's ability to thoroughly chew and properly swallow foods in the diet. It is recommended that caregivers enroll in and receive certification/recertification in a course which offers instruction in ***Cardiopulmonary Resuscitation (CPR)*** and the ***Heimlich Maneuver***. Some groups that offer such training include the American Red Cross and the American Heart Association. If a person is choking, act quickly. To be certain that the person is choking rather than having a heart attack, ask the person a question like, "Do you need some help?" The person who is choking will not be able to answer aloud. The heart attack victim will be able to answer aloud.

If it is certain that the person is choking, perform the Heimlich Maneuver immediately. The Heimlich Maneuver is a method used to force out the object blocking a choking person's airway by using air still in the victim's lungs. To perform the Heimlich Maneuver, the caregiver should do the following:

1. Stand behind the victim and put arms around the victim's waist.
2. Make a fist with one hand. Place the thumb side of the fist on the victim's abdomen between the navel and the breastbone. Do not place on breastbone.
3. Place the other hand on the fist and press on the victim's abdomen with an upward thrust.
4. Repeat steps 1-3 if necessary. If the object has entered the windpipe or the tubes leading to the lungs, coughing occurs. In this case, removal by a specialist is required.



POISONS

If poison is ingested, the caregiver should read the label on the product for first aid measures to follow. If instructions are not provided, follow the methods given below.

For ingestion of strong acids or alkalis, such as oven cleaner, drain cleaner, toilet cleaners, lye products, ammonia products, and dishwasher detergents, have the person drink milk or water in large quantities and seek medical advice. Do not give vinegar, citrus juice, or oils as they can make the condition worse.

For ingestion of methanol and related products such as antifreeze, windshield-washer liquid, shoe dye, shoe polish, and paint remover, use syrup of Ipecac (emetic that induces vomiting). If syrup of Ipecac is not available, give water and try to make the individual vomit by gently tickling back of throat with a spoon. The person should be placed in a frontwards bent over position when vomiting begins.

Community Resources for Emergency Assistance

1. ***Texas State Poison Center***
   This agency is concerned with the development and dissemination of new or improved treatment methods for poisoned victims. For further information, contact:

   Texas State Poison Center
   University of Texas
   Medical Branch
   Galveston, TX 77555
   (409)765-1420

2. ***American Association of Poison Control Centers***
   This organization is concerned with the promotion and encouragement of developing more effective methods for the prevention and treatment of poisoning and the exchange of this information with other centers and groups. For additional information contact:

   American Association of Poison Control Centers
   3800 Resevoir Road
   Washington, D.C. 20007
   (202)784-4666

In the event that these addresses or telephone numbers change, consult a local poison center.

Points To Remember

- ☐ Unsafe behavior and/or unsafe environments contribute to most accidents or emergencies in the home.
- ☐ First aid principles should be followed carefully to help meet home emergency needs of the elderly.
- ☐ First aid supplies should be stored together out of the reach of children, secured in a cabinet or box, and easy to locate.
- ☐ The emergency medical (EMS) is an excellent source of help when an emergency occurs.
- ☐ Burns, wounds, fainting, choking, shock, and poisoning are common first aid situations that caregivers may encounter on the job.
- ☐ Medicine or ointment should not be applied to burns except when ordered by a doctor, and blisters should never be broken.
- ☐ Abrasions, incisions, lacerations, and punctures are types of wounds.
- ☐ Fainting is caused when there is too little circulation of blood to the brain.
- ☐ Choking occurs when a foreign object lodges in a person's throat and prevents breathing.
- ☐ The Heimlich Maneuver is a method used to force out the object blocking a person's airway by using air still in the victim's lungs.
- ☐ Shock is the disturbance of body functions resulting from circulatory failure and is commonly associated with injury.
- ☐ If poison is ingested, follow the first aid measures provided on the product or container label.

Words To Know

abrasions
accident
American Association of Poison Control Centers
burns
Cardiopulmonary Resuscitation (CPR)
choking
emergency medical system (EMS)
fainting
first degree burn
Heimlich Maneuver
incisions
lacerations
LIFE
punctures
second degree burn
shock
Texas State Poison Center
third degree burn
wound

Review

1. What are the five first aid principles the caregiver should follow to help meet home emergency needs of the elderly?
2. How and where should first aid supplies be stored?
3. What is the most important item needed in a medicine cabinet?
4. What is the emergency medical system (EMS)?
5. How can the caregiver accurately provide the necessary information when making an emergency call?
6. What are the recommended treatments for the three types of burns described?
7. How do the four types of wounds described in the chapter differ from one another?
8. What are some of the possible causes of fainting?
9. List the steps in performing the Heimlich Maneuver.
10. What are five signs which indicate shock?

25

Terminal Illness

ESSENTIAL ELEMENT

- ☐ Point out considerations affecting interaction with the elderly's family or responsible parties.(n6A)
- ☐ Demonstrate communication skills.(n6B)
- ☐ Describe crisis management techniques for the elderly and for caregivers.(n6C)

OBJECTIVES

- ☐ List positive ways of caring for the terminally ill.
- ☐ Describe sources of assistance for the terminally ill.
- ☐ Identify the needs of a terminally ill individual.
- ☐ Identify the needs of the family of a terminally ill individual.
- ☐ Explain the stages of grief that most terminally ill individuals experience.
- ☐ Explain the steps of grief that most family members and friends experience after the death of a someone who has been close to them.

The caregiver may be working with an elderly person who becomes quite ill. Often the individual will become well and stronger but sometimes little progress will be made. The person may be diagnosed as terminally ill. The phrase ***terminally ill*** refers to an illness that results in death. The caregiver must be aware of the feelings the terminally ill individual is experiencing and the feelings of the family members during this time.

CARING FOR THE TERMINALLY ILL

Many illnesses cause death. A long-term illness can occur during any stage of the life cycle. Very young family members are as vulnerable as elderly family members. The following guidelines will aid the caregiver in caring for terminally ill individuals.

- Help terminally ill individuals maintain their self-esteem by encouraging self-help.
- Respect the terminally ill person as an individual who has the same desires and needs as others.
- Support the ill family member with love and kindness.
- Help the individual learn to live with a prolonged convalescence.
- Encourage the individual to use remaining abilities when disabled in some area.
- Avoid showing impatience when the convalescing or ill individual is slow in doing something.
- Avoid being callous to the suffering of the ill individual (insensitive, indifferent, or unsympathetic).
- Avoid being overprotective of the ill individual.
- Be flexible and creative in managing the care schedule of the ill family member.
- Be firm with the ill individual when it is necessary.

The caregiver can increase empathy and consideration by using communication skills. ***Empathy*** refers to sharing another's emotions, thoughts, or feelings. The caregiver will be involved as both a giver and receiver. The caregiver must be aware of the individual's feelings, needs, and desire for control over life choices. Never be too busy to smile, talk, hold a hand or even cry with a person. The environment is important. Privacy, quiet surroundings, and personal consideration are important. At times, the person may need to be alone.

ASSISTANCE FOR THE TERMINALLY ILL

Most elderly persons who have been diagnosed with a terminal illness suddenly find themselves in a situation that they have never had to face before. No matter how ill the person was prior to the diagnosis, hearing that their own illness has been labeled "terminal" will come as a shock—both unexpected and unwelcomed. Many terminally ill persons will require a great deal of support from family, friends, and professionals to ease their physical, emotional, spiritual, and psychological suffering. This is probably the most difficult experience in the life of the majority of people.

With this in mind, what can the caregiver do to help ease and comfort the suffering elderly during such a distressful time? Many times the most needed and important source of support will be provided through the listening ears of family, friends, and relatives. However, there will be times that will require professional intervention. Caregivers should be aware of professional community resources that are available to help the terminally ill and encourage those in their care to take advantage of the various services identified. The following are specific professional services that might be helpful to a terminally ill person:

- **pharmacists**—help with questions about medications and combinations of medications
- **nurses**—help with physical care related to special needs brought on by the illness
- **dieticians**—help with nutritional advice throughout the illness
- **housekeepers**—help with daily household tasks and responsibilities
- **psychologists**—help in coping with individual emotional and psychological effects of terminal illness
- **physicians**—help with medical aspects related to the terminal illness
- **hospice** —helps support in various ways the terminally ill and his or her family

- **social workers**—help provide information about various resources available
- **occupational therapists**— help persons care for their personal daily needs by teaching them ways they can work within the boundaries of their individual limitations
- **psychiatrists**—help treat persons and prescribe necessary medication for psychological or emotional conditions related to the terminal illness
- ***support groups***—help terminally ill persons and their families develop relationships with persons in similar situations for sharing concerns and learning about coping strategies
- **home health aides**—helps in providing different levels of individual and personal health care in the home of the person who is ill.

Unlike most professional services that offer assistance to the terminally ill, the hospice program is the only service whose singlemost purpose is to care for persons and the families of persons who are terminally ill. ***Hospice care*** is provided through different organizations such as home health care agencies, local independent organizations, or all-volunteer groups and are sometimes based in hospitals or long-term care facilities.

The hospice program is designed to bring terminally ill persons and their families together with trained volunteers and professionals for the purpose of easing the difficulties brought on by the terminal illness. Hospice care provides support for the terminally ill through a team of physicians, nurses, social workers, clergy, and trained volunteers. Team members are committed to being on call everyday around the clock. The hospice staff of professionals encourage and teach family members about the caregiving aspects of terminal illness such as giving medications, massages, and baths, as well as care aspects related to the specific illness. As a result, family members become part of the helping team of professionals in service to the person who is terminally ill.

Hospice organizations emphasize home care, family involvement, and pain management. People are generally referred to hospice by personal physicians, discharge personnel at hospitals, friends, social workers, or clergy when additional treatment for the terminal illness is no longer desired or warranted. Hospice care differs from conventional care in that methods once used to "cure" the illness are no longer employed or encouraged.

Hospice care is not as costly as conventional care and is covered by Medicare, Medicaid, Blue Cross plans, and others. Personal physicians may continue to provide medical direction and trained nurses are available to administer and monitor recommended treatments.

The hospice care program is available to terminally ill persons of all ages who meet certain criteria. In order to meet the requirements for acceptance into the hospice program persons should

- be medically diagnosed with a life expectancy of six months or less.
- have a primary caregiver who is willing and capable of providing basic and consistent care.
- reside within the physical boundaries of the area served by the hospice care unit.

Although hospice programs generally support terminally ill persons in the home setting, some hospice programs are located within hospitals or long-term care facilities. Terminally ill persons wanting to enter the hospice program who are without a primary caregiver must opt to reside in an institutional facility that incorporates hospice care.

There are 2,000 hospice programs in the United States today. In 1992 alone 225,000 people benefited from the services of hospice care. In addition to hospice services mentioned previously, hospice care also offers support through a bereavement program to the family during their experience of loss.

EMOTIONAL NEEDS OF THE TERMINALLY ILL

An elderly person who is dying is still a living person and has the same needs as a healthy individual. Some of these needs include the following:

- **safety and security** — to know they will be cared for up until the moment of death
- **recreation** — a way to pass the time such as watching television, reading, playing cards, talking
- **normal** — to know their thoughts and feelings are shared by others in their situation
- **meaningful relationships** — to be able to talk with friends and family on a meaningful level
- **love** — to feel that they are loved and/or are the object of someone's love

COMMUNICATING WITH THE TERMINALLY ILL

An elderly person may react in different ways when faced with dying. Reactions may include the following:

- asking everyone about personal chances for recovery
- asking a lot of questions
- complaining constantly
- making requests that seem unreasonable
- being afraid to be alone and wanting attention from the caregiver

Asking many questions of the caregiver is usually a signal that the elderly person wants more information. The caregiver will often lack the information needed to answer some questions. The caregiver should allow the person in charge to answer the elderly person's questions that have been left unanswered.

The following guidelines should be used by the caregiver when talking with an elderly person who is terminally ill:

- **Be honest**— If the caregiver cannot answer questions, the caregiver should be honest and say so. The elderly person probably does not expect the caregiver to be able to answer every question anyway.
- **Do not say too much**— It is often better for the caregiver to show concern for the terminally ill person by giving a caring look, or a nod, or a word at the right time rather than constant conversation.
- **Do not provide false hope or reassurance** —The caregiver should offer short-term realistic goals or say nothing to the terminally ill individual rather than offer false hopes.
- **Do not destroy hope** — An individual who has hope often lives longer than a person who does not. The caregiver should not destroy the elderly person's hope.

FAMILY NEEDS

The family members of the terminally ill individual also have several needs during this time that must be met. In some situations the needs of the family may be even greater than those of the terminally ill individual. The caregiver should follow the guidelines below to ensure that the needs of the family are met.

- Provide for the family's wishes for privacy.
- Let the family spend as much time with the terminally ill individual as possible. (The caregiver must first follow doctor's orders or the rules of the care facility.)
- Provide emotional support to family members and encourage them to continue to visit the terminally ill person.
- Relay any questions to the supervisor or the person in charge so the family's concerns can be discussed.
- Maintain a concerned attitude toward the terminally ill individual and the family members. Being quietly thoughtful of the comfort of others and willing to help will show that the caregiver is understanding and concerned for the entire family.

STAGES OF GRIEF OF THE TERMINALLY ILL

From the time an elderly person learns that he or she is suffering from a terminal illness until dying, the individual goes through five ***stages of grief***. These five stages, their purposes, and their characteristics are described in table 25.1. It is important for the caregiver to understand and to be aware of the feelings experienced by the terminally ill individual.

THE GRIEF PROCESS FOR FAMILY AND FRIENDS

Family and friends usually experience several stages of grief after the death of a someone close. Some of the stages are very similar to the stages of grief experienced by terminally ill persons.

The stages of grief as set forth by Granger Westberg in his book entitled *Good Grief* are listed below. Westberg gives these guidelines for understanding the stages of grief:

- A person may be involved simultaneously in more than one stage.
- Grieving is not necessarily an orderly process.
- Probably not everyone goes through all of the stages; however, in general, experiencing most stages is necessary for a complete and healthy adjustment.

STAGES OF GRIEF OF FAMILY AND FRIENDS OF THE TERMINALLY ILL

Granger Westberg in his book *Good Grief lists* the following stages of grief for family and friends of the terminally ill:

1. **Shock/disbelief**—May last a few hours or days, is a temporary retreat from what has happened, has a mercifully numbing effect.
2. **Emotional release** —Usually crying, sometimes hysterical crying.
3. **Depression/loneliness** —Sense of alienation, maybe even from God.
4. **Symptoms of physical distress** —Muscular system may seem weak, sense of strength drained, digestive problems (more prone to infections and illnesses), cardiovascular system changes, high blood pressure, rapid heart beat, and changes in body temperature.
5. **Panic**—Cannot think of what to do, has disbelief again, feels that it could not have happened.
6. **Guilt feelings**—Characterized by wishful thinking or regret about what was or was not done, expressed in terms of anger toward others.
7. **Hostility and resentment**—Directed toward hospitals, doctors who were involved with the deceased, or against friends who have not so acutely experienced the loss.
8. **Inability to return to usual activities**—Everything seems difficult and impossible. Grieving person wonders if life is worth it.
9. **Reconciliation**—A very positive step. The term ***reconciliation*** refers to bringing life back into harmony. To be content with the circumstances, the grieving person begins to adjust and adapt.
10. **Struggle to adjust to reality**—Acknowledges that death has happened, but that the grieving person is still living; seeks substitutions, not as a replacement in the sense that the deceased never existed, but rather, in an effort to develop new relationships. Does not mean that bereaved person becomes "same old self" again.

Stages of Grief Experienced by A Terminally Ill Person

Stages	Purpose	Characteristics
Denial	Functions as a cushion to the blow of the news that the person is terminally ill; serves as a time delay so the person has time to think about his or her situation and substitiue other less extreme behaviors or defenses	Temporary shock; person strongly denies the reality of his or her illness; often wants to be alone; does not accept help from others
Anger	Functions as an emotional outburst for the person to cope with emotional stress; allows venting of tension and helps alleviate stress (similar to a child's temper tantrum or an adult's strenuous exercise	Rage, hostility, and anger directed at anyone; person asks what he or she has done to deserve such an illness
Bargaining	Allows hope that the inevitable end may be delayed; helps to give the person hope and will power; usually a bargain made with higher being	The bargain is kept a secret and is mentioned only between the lines in conversation with others; may be discussed only with a chaplain or other clergy
Depression	Helps to cope with the losses the person has had to deal with or will have to deal with; elicits needed sympathy; a step in the direction of total acceptance	Talks about loss of job, finances, use of limbs, weight, or other physical functions; talks about the eventual loss of the family, friends, and belongings; begins to accept the inevitability of death
Acceptance	Helps person accept the death as real; resolves conflict between wanting to live and knowing that death is at hand; preparation stage for death; other stages have been resolved if the person has had enough time and has been given help in working through them	Usually tired and weak; void of feelings; circle of interest narrows, no longet talkative to visitors and other people; not necessarily happy, but at peace

Table 25.1

Points To Remember

- ☐ Many illnesses cause death and are referred to as terminal.
- ☐ Many terminally ill persons will require a great deal of support from family, friends, and professionals to ease their physical, emotional, spiritual, and psychological suffering.
- ☐ The hospice program is designed to bring terminally ill persons and their families together with trained volunteers and professionals for the purpose of easing the difficulties brought on by the terminal illness.
- ☐ An elderly person who is terminally ill is still a living person and has the same needs as a healthy individual.
- ☐ An elderly person may react in different ways when faced with dying by asking a lot of questions, making unreasonable requests, or being afraid to be alone.
- ☐ When talking with an elderly person who is terminally ill, the caregiver should be honest and not talk too much, avoid providing false hope or reassurance, and avoid destroying hope.
- ☐ In some situations, the needs of the family may be even greater than those of the terminally ill individual.
- ☐ From the time that individuals learn they are suffering from a terminal illness until the moment of their deaths, they go through five stages of grief: denial and isolation, anger, bargaining, depression, and acceptance.
- ☐ Family and friends usually experience several stages of grief after the death of a someone close. Some of the stages are very similar to the stages of grief experienced by terminally ill individuals.
- ☐ The grief process for family and friends includes the following: shock/ disbelief, emotional release, depression/loneliness, symptoms of physical distress, panic, guilt feelings, hostility and resentment, inability to return to usual activities, reconciliation, and a struggle to adjust to reality.

Words To Know

empathy
home health aides
hospice care
reconciliation
stages of grief
support groups
terminally ill

Review

1. How does a person's terminal illness affect friends and family members?
2. List and explain five guidelines the caregiver should follow when caring for a terminally ill person.
3. Why is it important for the caregiver to be aware of the terminally ill person's feeling and needs?
4. Name ten professional services that can be helpful to a terminally ill person and tell how each can help.
5. What criteria must a terminally ill person meet prior to acceptance into a hospice program?
6. What is the difference between the emotional needs of a terminally ill person and those of a non-terminally ill person?
7. List the communication skills the caregiver should use when talking with a terminally ill person.
8. How might a terminally ill person react when faced with dying?
9. What guidelines should be used when talking with a person who is dying?
10. How can the needs of the terminally ill person's family be met?
11. What are the five steps of grief the terminally ill person goes through?
12. What are the stages of grief most family and friends go through after the death of someone they have been close to?

26

Body Mechanics

ESSENTIAL ELEMENT

☐ Demonstrate housekeeping and maintenance skills associated with the care of the elderly.(n5A)

OBJECTIVES TO ACHIEVE

☐ Describe the basic rules of body mechanics the caregiver should follow when working with the elderly.

☐ Explain the goals that are achieved by using good body mechanics.

☐ Identify the correct procedures for repositioning an elderly person.

In order to effectively care for the elderly, the caregiver must understand the basic principles of body mechanics and the principles of body positioning. If the caregiver is working with a bedridden person, effective body positioning is most important. Caregivers should practice effective body mechanics when repositioning an elderly person for their own safety and well-being.

BODY MECHANICS

Body mechanics refers to the way a person moves his or her body and maintains body balance. The caregiver skilled in good body mechanics can help the elderly by showing them ways to walk, sit, and turn in bed. The use of good body mechanics can reduce fatigue and improve body functions. Use of proper body mechanics also provides for safe and effective work methods in performing tasks.

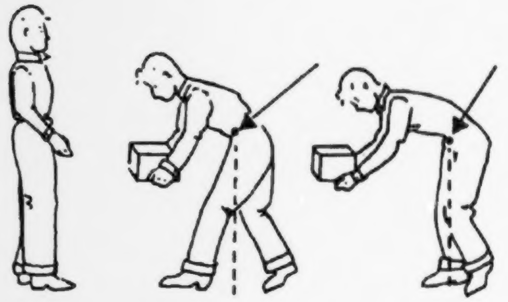
Principles of Body Mechanics

Poor posture is caused by indifference, poor work habits, and carelessness. When needing to lift or do a task near the floor, one should kneel instead of bend from the waist and use leg and arm muscles. Also, one should work in the general direction of the movement, avoid twisting, pivot on feet, and turn with short steps, using the whole body. If possible it is best to avoid lifting. When moving heavy objects, it is better to push, roll, or slide them. This allows leverage and motion to be used to best advantage. The natural spring of the spinal column needs to be protected.

Basic Rules of Body Mechanics

The following are basic rules of body mechanics:

- The body's base of support can affect body balance. A broad base with feet slightly apart, or apart with one slightly ahead, provides the best balance.
- Proper ***body alignment*** (or lining up of body segments) is important.
- Proper walking habits reduce fatigue and stress.
- Stooping with proper body alignment prevents fatigue.
- Proper body alignment in sitting reduces muscle strain and encourages good circulation in blood vessels of thighs.
- The body works as a coordinated unit. Use as little energy as possible when moving, carrying, or lifting heavy objects.



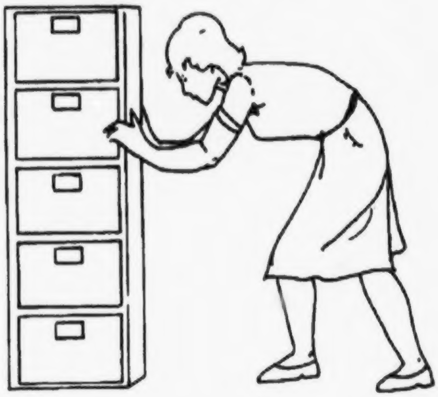
Methods of Body Mechanics

The following are correct lifting techniques:

- Squat close to the load.
- Keep your back as straight as possible.
- Grip the object firmly.
- Hold the load as close to your body as possible.
- Lift by pushing up with strong leg muscles.

The following are correct techniques for moving heavy objects:

- Bend your knees.
- Place your hands at the center or heaviest part of the object to be moved.
- Give a strong push with leverage of legs added to arm muscles.
- Use the large, strong muscles of the leg to move heavy objects.



Goals Achieved By Good Body Mechanics

Follow these body mechanic guidelines to save time:

- Omit unnecessary tasks and motions.
- Know the task from beginning to end.
- Plan steps in order (avoid undoing and redoing).
- Use rhythmic motions when possible.

Follow these body mechanic guidelines to reduce the chance of fatigue and physical damage:

- Allow good working positions for all tasks.
- Plan for effort of gravity and leverage.
- Use easy motions.
- Avoid stress on lower back.
- Avoid taking on too many tasks at one time.

Follow these body mechanic guidelines to increase job satisfaction and enjoyment:

- Overcome dislike for tasks that must be done.
- Plan the length of the work period.
- Consider your preferred level of activity.

BODY POSITIONING

Effective positioning of a bedridden individual is important. Frequent ***repositioning*** or changing positions helps in preventing the formation of bedsores, provides exercise, prevents muscle deformities from lying in one position too long, and increases circulation. The comfort of the individual is often directly related to body position.

Principles Of Body Positioning

The caregiver should practice recommended body mechanics when repositioning the elderly person. If correct body mechanics are used, the elderly person can be repositioned with less effort, less strain, and less risk of injury to the caregiver.

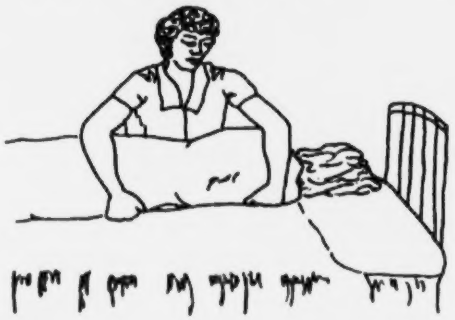
Elderly persons should be encouraged to help themselves as much as is physically possible. This effort in self-help will provide the exercise needed to assist in keeping the muscles in better condition and enhance self-confidence. If individuals need help, the caregiver should give it, keeping physical limitations in mind. If caregivers are not physically capable, they should get assistance. When repositioning an elderly person, as many of the large muscles as possible should be used to distribute the effort. Caregivers can safely reposition an individual if they can keep their back straight and bend with their hips and knees.

The muscles of the legs should be used as the main force and not the muscles of the back. Back bending is backbreaking. Also, the correct use of body weight can reduce the amount of effort and strain required to move a bedridden person. Leg muscles should be substituted for back muscles.

Procedures For Body Positioning

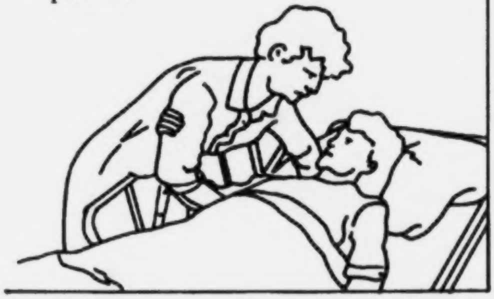
Utilize the following steps to move an elderly person to the side of a bed:

1. Loosen the covers.
2. Ask the elderly person to bend knees.
3. Face the side of the bed, one foot forward, knees bent.
4. Place one hand under the elderly person's shoulder, the other under hips (palm up), and bend at your hips and knees.
5. Pull the person toward you until the person is on the side of the bed.
6. Adjust the person's head, hips, knees, and ankles for comfort and safety.



Utilize the following steps for helping an elderly person to sit up and lie down:

1. Face the head of the bed.
2. Bend your knees.
3. Ask the bedridden person to clasp your arm at the elbow while you slide the person's other arm under his or her back at shoulder level.
4. Help the person to a sitting position.
5. Repeat step 3 when lying the individual back down.
6. Provide for the safety and comfort of the person.



The caregiver should remember the following points when changing the elderly person's body position:

- Safeguard the elderly person.
- Keep the elderly person's body in good alignment to prevent harmful strains.
- Maintain proper posture, in order to proceed effectively without strain on oneself.
- Ask for assistance in aiding heavy or helpless persons.
- Resolve fears of the elderly person.

Points To Remember

- ☐ The use of good body mechanics can reduce fatigue and improve body functions.
- ☐ Use of proper body mechanics provides for safe and effective work methods in doing tasks.
- ☐ Poor posture is caused by indifference, poor habits of work, and carelessness.
- ☐ When lifting or doing a task near the floor, kneel instead of bending from the waist and use leg and arm muscles. Pivot with feet, turn with short steps, and turn the whole body.
- ☐ It is better to push, roll, or slide heavy objects.
- ☐ When lifting objects, one should protect the natural spring of the spinal column.
- ☐ Proper body alignment prevents fatigue, reduces muscle strain, and encourages good circulation in blood vessels of thighs.
- ☐ Frequent body repositioning helps in preventing bedsores, provides exercise, prevents muscle deformities from lying in one position, and increases circulation of the bedridden person.
- ☐ The caregiver can safely reposition persons by keeping the back straight and bending with the hips and knees.
- ☐ The caregiver should remember that back bending is backbreaking.
- ☐ The correct use of body weight can reduce the amount of effort and strain required to move a bedridden person.

Words To Know

body alignment
body mechanics
repositioning

Review

1. Why is it important for the caregiver to use good body mechanics?
2. What causes poor posture?
3. What are the five steps for correctly lifting an object?
4. Describe the correct technique for moving a heavy object.
5. What goals are achieved by good body mechanics?
6. List four benefits of frequent repositioning of a bedridden person.
7. What is meant by the term alignment in relation to body mechanics?
8. How might using correct body mechanics in repositioning a bedridden person help the caregiver?
9. Which muscles are used as the main force when repositioning a person?
10. Explain the statement, "Back bending is backbreaking."

27

Planning and Managing Household Tasks

ESSENTIAL ELEMENT

- ☐ Demonstrate housekeeping and maintenance skills associated with the elderly.(n5A)

OBJECTIVES TO ACHIEVE

- ☐ Identify ways to organize work in order to save on time and energy.
- ☐ Explain the importance of storing and organizing supplies according to work area.
- ☐ List advantages of scheduling one's household work.
- ☐ Identify household tasks that are performed daily, weekly, and occasionally.

Recognizing the value of housekeeping duties and the importance of providing services for the elderly will assist in pointing out the importance of the caregiver's job. The amount of housekeeping will vary depending on the type of facility in which the caregiver is employed. Caregivers employed in a care facility other than a private home will usually have fewer housekeeping responsibilities. Many care facilities provide a housekeeping service. The caregiver employed in a home-type situation will often be both the manager who plans the work and the worker who carries out the plan.

PLANNING AND MANAGING HOUSEKEEPING

A little time spent by the caregiver in planning ahead can make cleaning easier and sometimes more interesting. However, the caregiver should plan the housekeeping schedule to fit the elderly person's existing daily, weekly, and in some cases, monthly routines.

The amount of cleaning the caregiver might be able to accomplish in the home of an elderly person depends on standards of cleanliness, the size and condition of the person's home, and what resources are available. The caregiver might work in nice surroundings with modern equipment or in very poor dwellings of only one or two rooms with inadequate equipment. Caregivers must learn to adapt to differing situations. They must be able to improvise or make do with unfamiliar and poor equipment.

Every job has its share of monotony and repetition, and housecleaning may have more than most. But like every other job, there are also satisfactions in doing the work well and seeing the task completed.

ORGANIZATION

In order to save time and energy, the caregiver should organize equipment and supplies for doing work. To prevent complaints and save time later, caregivers should do tasks as they arise. Also plans should be made on ways to reduce cleaning problems, such as using floor mats at entrance ways to prevent tracking in dirt.

The following proper storage methods save time and energy spent in searching for items, moving things out of the way of a needed item, or straining to reach an item.

- Adjust the heights of working surfaces to permit good posture while working, whenever possible.
- Keep equipment in good working condition, whenever possible.
- Encourage the elderly person to get rid of used equipment that is taking up good storage space.
- Find a rate of speed that is efficient but not hurried.
- Include adequate short rest periods in your schedule.
- Take care of personal health and safety precautions.

USING YOUR BODY TO HELP YOU WORK

Caregivers should be as relaxed and cheerful as possible about housecleaning. They should try to become conscious of body motions. Since all cleaning involves muscular activity, muscles should be used properly to prevent strain and fatigue. Heavy objects should be lifted with a minimum of effort by using strong thigh muscles. Caregivers can relieve strain on their back muscles by squatting rather than bending when dusting or picking up articles from the floor. Practice is essential if good posture is to become a habit. Comfortable shoes and clothing help to keep good posture. It is also important to have good ***ventilation*** (air circulation) in the work place. Additional information can be found in Chapter 26 on body positioning.

SCHEDULING HOUSEHOLD WORK

Housekeeping does not need to be drudgery. A job done thoroughly and well can be a source of pride. One way to accomplish this is to organize work with the elderly person's needs and requests in mind. Have a written plan of work for all things that must be done and divide the list into three parts — ***daily, weekly,*** and ***occasional tasks***. Develop good judgment concerning tasks that need to be done. One thing can be done each day to lighten weekly cleaning tasks and one occasional task can be finished each week. Make an effort to do each daily task in the easiest and quickest way possible such as carrying cleaning supplies and equipment in a convenient caddy that can be made from a plastic carrier, basket, or empty soft drink carton.

For the caregiver in a home-type situation, a sample written plan of work or schedule might look like the following:

Daily Tasks:

- Prepare meals and clean up.
- Make the beds.
- Straighten house in general.
- Put rooms in order.
- Do a light cleaning of bedrooms and kitchen area.
- Clean the bathroom.

Weekly Tasks:

- Clean each room thoroughly.
- Wash clothes.
- Mend.

Occasional Tasks:

- Clean walls.
- Clean windows.
- Care for floors.
- Polish wood surfaces.
- Dry clean or launder curtains and bedspreads.
- Clean cabinets, closets, drawers, and shelves.

Points To Remember

- ☐ The amount of housekeeping will vary for caregivers depending on the type of facility in which they are employed.
- ☐ There are satisfactions in doing housecleaning well and seeing the tasks completed.
- ☐ Be as relaxed as possible about housecleaning. Learn to use muscles properly to prevent strain and fatigue.
- ☐ In order to save time and energy, the caregiver should organize equipment and supplies for doing work.
- ☐ Housework should be organized with the elderly person' s needs and requests in mind.
- ☐ Have a written plan of work for all things to be done and divide the list into daily, weekly, and occasional tasks.

Words To Know

ventilation
daily tasks
weekly tasks
occasional tasks

Review

1. How might the housekeeping duties vary for the caregiver employed in a home-type situation over a care facility?
2. Give four examples of ways to use one' s body to help in housework.
3. Describe the four ways in which one can effectively organize work?
4. Why are the benefits of organizing storage space?
5. What are the advantages of scheduling household work?

28

Energy

ESSENTIAL ELEMENTS

- ☐ Provide a safe and healthy environment for the elderly.(n4C)
- ☐ Demonstrate housekeeping and maintenance skills associated with the care of the elderly.(n5A)

OBJECTIVES TO ACHIEVE

- ☐ Identify ways to conserve energy resources.
- ☐ Give examples of ways to dress for comfort in cold and warm temperatures.

The wise use of energy resources is called ***conservation*** or ***energy efficiency***. As a caregiver, it is very important to know how to use energy wisely. Elderly people, who often have the greatest need for saving money, may lack the resources or knowledge needed to make these changes. Several energy-saving ideas are covered in this chapter that the caregiver can use and suggest to elderly persons residing in both private homes of all sizes as well as care facilities.

CONSERVING UTILITIES

The best way to save money on utility costs is to ***economize***. The less gas, oil, or electricity used to heat a home or care facility, the smaller the amount of payment to the utility company at the end of the month. The same applies for other uses of energy, like water and the telephone.

Electricity and Gas

The following are ways to conserve electricity and gas:

- Turn ***thermostats*** (units that control inside temperatures of a home or building) down on both heating and air conditioning units to a comfortable level. Turn down several degrees at night.
- Start an air conditioner early in the morning so it can be turned down later. Keep doors

and windows shut. Turn off the unit when no one is home.

- Draw the shades and blinds to keep out the hot sun; blocking the sun on south and west windows on hot days can cut heat penetration through windows by as much as 50 percent.
- Draw shades and drapes to retain heat in winter. If possible, use natural sunlight instead of using lights and heaters.
- Use weather-strip and caulk around all windows and doors.
- Do not heat or cool unused rooms.
- Have storm doors and windows added to reduce heat and cool air loss.
- Set the control switch in refrigerators and freezers to the "economy" setting if possible. This deactivates the small heaters that prevent "sweating" around the door in humid weather, saving 15 percent of the electricity the appliance uses.
- Open the refrigerator and freezer doors as little as possible.
- Restrict cooking to a minimum in hot weather. Keep kitchen doors closed while cooking is in progress to prevent heat from escaping into the rest of the house. Do not open oven door unnecessarily — 20 percent of the heat is lost each time. Cook two or more dishes at once. Avoid long preheating time — most ovens will heat up in ten minutes. Microwave ovens use about five times less electricity than regular ovens.
- Use small appliances, such as a toaster oven, electric frying pan, and slowcooker, when preparing a special item or a meal for one.
- Reduce power usage between the peak hours of 11 a.m. and 5 p.m. Arrange to complete household tasks during off hours, if possible.
- Use full loads in the dishwasher, clothes washer, and dryer.
- Turn off all unnecessary lights — especially high-***wattage*** (amount of electrical power) ones.
- Reduce the size of light bulbs in places where bright light is not needed.
- Replace the regular bulb fixtures that are used a great deal with fluorescent lights. They are six times as efficient as regular bulbs.
- Turn off radio and television sets when they are not being used. If a television has a fast warm-up feature, unplug the set whenever the house is vacated for a few days or more.
- Turn off a hot water heater before leaving for a vacation.
- Dry clothes on a line in warm weather.

Water

The following are ways to conserve water:

- Take showers instead of baths — the usual bath requires 36 gallons, a comparable shower 25 gallons.
- Turn water off while shaving and brushing teeth. Turn it on only when needed.
- Use sink stoppers or a dishpan when washing dishes; a running water wash uses about 30 gallons per meal.
- Use the basin instead of the shower for shampooing.
- Keep a bottle of cold water in the refrigerator; running water until it is cold will waste a gallon.
- Use dishwasher only when full.
- Use clothes dryer only when full.
- Keep water heater at an even setting;, running water until it is hot is wasteful.
- Have leaky faucets repaired; these are a chief cause of water waste.

Telephone

The following are ways to control telephone utility costs:

- Dial your own calls. Anything involving the operator costs extra.
- Call station-to-station whenever possible.
- Be aware of the cheapest rate times within your own state.
- If suitable to your phoning habits, use special billing plans (for example for a small extra charge have unlimited calls within a 20-mile radius).
- Order only as many extensions and extras as essential for your needs.
- Call the operator to receive credit for wrong numbers and cut-offs.
- Check monthly bills against a record you

have kept of all long-distance calls.

- Report incorrect charging to the telephone office.

COST OF OPERATING APPLIANCES

More than half of the energy used in homes goes into heating and cooling. Heating water comprises 15 percent of the energy consumption. Lighting, cooking, refrigeration, and operating appliances account for the rest.

The cost of operating any piece of electrical equipment depends on three factors: the wattage of the equipment, the number of hours it operates, and the cost of electricity.

MAINTENANCE OF ENERGY USING EQUIPMENT

Energy can be saved by taking good care of equipment and appliances. The caregiver may be able to solve many maintenance problems while others will need the expertise of a repair person. The money spent to repair equipment will be well worth the expense in the long run. Poorly maintained energy equipment causes problems and costs money. The following energy-saving ideas will help to keep maintenance costs at a minimum:

- Defrost the refrigerator and freezer when the frost gets 1/4 inch thick. The build-up of ice overworks these appliances.
- Ask the utility company to adjust the pilot lights on the stove or furnace and to repair gas leaks.
- Fix leaky faucets. This is usually done by replacing worn washers.
- Have the filters in the furnace, heat pumps, and air conditioner checked and cleaned once a month.
- Clean the dryer lint trap regularly.
- Dust or vacuum heat vents frequently. Dirt in heat vents can block efficient heat flow.
- Dust refrigerator and freezer condenser coils regularly. Dust build-up makes these utilities run less efficiently.
- Keep light bulbs and fixtures clean. Dusty lamps do not give as much light as they should.
- Keep the stove or range top clean. Dirty stove or range tops and burner wells or reflective pans do not reflect cooking heat as well as clean ones.

DRESS FOR THE THERMOSTAT

Due to the lowering or raising of thermostats for maximum energy efficiency, the temperature may not always be comfortable to each individual. Some elderly persons may have poor circulation and always feel chilled or cool. Therefore, it may be necessary for individuals to control their own comfort by the clothing they wear. Clothing prevents cold or hot air from moving over the body and provides thermal insulation.

Dressing wisely can help an individual retain heat in winter or reduce it in summer. The human body gives off heat, about 390 ***Btu's*** per hour for a man, 330 Btu's for a woman. One Btu refers to the amount of heat required to raise the temperature of one pound of water one degree Fahrenheit. For comfort in cooler indoor temperatures, use the best thermal insulation of all, warm clothing, to hold in body heat. For comfort in warmer indoor temperatures, choose clothing that will allow natural body heat to escape. The following tips will help individuals dress according to different thermostat settings.

Tips For Dressing For Comfort In Cooler Indoor Temperatures

The following tips can help an elderly person stay comfortable in a cool indoor environment:

- Closely woven fabrics will add at least a half degree in warmth.
- Heavy underclothing, heavier outer clothing,

and sweaters in "layers" will provide warmth in cooler temperatures.

- A vest or sleeveless sweater will keep the back warm. Keeping the backs of elderly persons warm helps maintain a feeling of body warmth all over.
- Drawstring hems on tops, jackets, and coats can be pulled in tight in cooler temperatures to retain body warmth.
- Cuffs that hug the wrists make a person feel warmer.
- Buttons, snaps, and toggles closely spaced trap warmth in, keep cool air out.
- High collars that hug the neck add warmth.
- Heavy shoes and socks or boots keep the feet warm.
- Quilting details that are not stitched through all layers trap air best.
- Slacks are at least a degree warmer than skirts.
- Long-sleeved shirts or blouses add warmth.
- A light long-sleeved sweater equals almost 2 degrees in added warmth; a heavy long-sleeved sweater adds about 3.7 degrees in warmth; and two lightweight sweaters add about 5 degrees in warmth because the air between them serves as insulation to keep in more body heat.

Tips For Dressing For Comfort In Warmer Indoor Temperatures

The following tips can help an elderly person stay comfortable in a warm indoor environment:

- Natural fibers that absorb moisture and allow perspiration to evaporate from the skin are more comfortable in warm temperatures.
- Lightweight, open-weave fabrics will be more comfortable in warmer temperatures.
- Light colors that reflect the sun's rays give a cooling effect.
- Openings at neck, wrists, waist, and ankles should be large so that air can circulate and carry heat away as the body moves.
- Open, strap, or lightweight shoes are cooler than heavy shoes or boots.
- Whenever possible, omit T-shirts, wear short-sleeved shirts, and omit a tie to provide comfort in warm temperatures.
- Skirts are cooler than slacks. Wearing short-sleeved or sleeveless blouses and omitting belts and jewelry will provide comfort in warm temperatures.

The thermal insulation value of clothing, referred to as ***clo***, affects how comfortable people are in what they wear. How much insulation a garment provides depends on how well it traps air and holds warm body air near the skin. This is why quilted fabrics, with several layers of fabric and filling, are warmer than one layer of plain fabric. An advantage of layering clothing is that layers can easily be removed during periods of activity and then placed back on the body during sedentary moments.

Utility Bills

The caregiver may be asked to help with the elderly person's utility bills by examining them each month to see that they are accurate and by reminding the elderly person when they are due. It is important that bills are paid on time because the amount increases and interest can be charged for overdue bills. Bills should be kept and compared with the previous month or for the corresponding months of the previous year to see if energy use has decreased or increased. If a bill appears inaccurate in any way, contact the utility company immediately to clear up any questions or problems.

Points To Remember

- ☐ The wise use of energy resources is called conservation or energy efficiency.
- ☐ The best way to save money on utility costs is to economize.
- ☐ More than half of the energy used in homes goes into heating and cooling.
- ☐ The cost of operating any piece of electrical equipment depends upon the wattage of the equipment, the number of hours it operates, and the cost of electricity.
- ☐ A good deal of energy can be saved by taking good care of equipment and appliances.
- ☐ Dressing wisely can help an individual retain natural heat in winter or reduce natural heat during the summer.
- ☐ The thermal insulation value of clothing, referred to as clo, affects how comfortable people are in what they wear.

Words To Know

Btu
clo
conservation
economize
energy efficiency
thermostats
wattage

Review

1. Describe conservation or energy efficiency.
2. Why is it important for the caregiver to know how to save energy?
3. Describe ways that caregivers can conserve utilities.
4. What is the largest percentage of energy in homes used for?
5. How can proper maintenance of equipment save energy?

6. Explain how quilted fabric is different from plain fabric.
7. What is layering clothing and what is the purpose of layering clothing?
8. Describe five ways to dress for comfort in cooler temperatures.

29

Bed Making

ESSENTIAL ELEMENT

- ☐ Demonstrate housekeeping and maintenance skills associated with the care of the elderly.(n5A)

OBJECTIVES TO ACHIEVE

- ☐ Demonstrate the procedures for making an occupied and unoccupied bed.
- ☐ Give examples of what caregivers can do to help prevent bedsores.
- ☐ Explain the purposes of a bed cradle.

A skillfully made bed provides safety, comfort, warmth, a smooth clean surface, and freedom of movement. Caregivers need to know the basic principles of bed making for both unoccupied and occupied beds.

MAKING THE UNOCCUPIED BED

When a bed is made without a person in it, the bed is referred to as an unoccupied bed.

Supplies Needed For Making The Unoccupied Bed

The following supplies are needed for making the unoccupied bed:
- blankets (as needed)
- chair (for keeping linens on)
- mattress pad (if needed)
- newspapers or plastic bag
- pillowcases (two)
- sheets (two)
- spreads
- absorbent pads and draw sheet (optional)

Procedures For Making The Unoccupied Bed

The following is a step-by-step procedure for making the unoccupied bed:

1. Wash hands; locate and organize supplies (use newspaper or plastic bag in which to place soiled linens.)
2. Remove spread, blankets, and pillow, and dispose of soiled linens. Avoid shaking soiled linens, and keep linens away from face and clothing in order to prevent the spread of infection.
3. To conserve energy, make bed entirely from one side before moving to the other side.
4. If fitted bottom sheet is not available, position and unfold bottom sheet right side up, wide hem at top of bed.
5. Tuck 12 to 18 inches of bottom sheet tightly over top of mattress. Make ***mitered corners***. Mitered corners cause the sheet to form a 45 degree angle in the corners. Refer to figure 29.1 for how to miter corners.

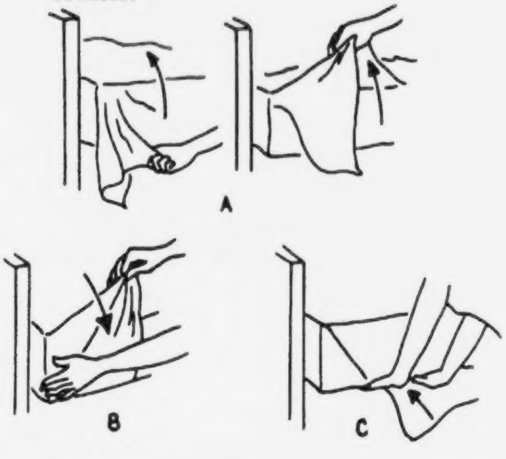


Figure 29.1

6. If additional protection is needed place absorbent pad across the mattress on top of the bottom sheet. For a draw sheet, fold a regular sheet in half lengthwise. Place the folded edge of the draw sheet high enough to rest underneath the pillow, covering the absorbent pad. Tuck the hanging parts of the draw sheet under the mattress.
7. Working from head to foot of the bed, tuck the top sheet in one side.
8. Position top sheet wrong side up with the hem even with top of mattress.
9. Keeping the blanket centered, spread it over the top sheet and foot of mattress.
10. Tuck top sheet and blanket under mattress at foot of bed. To provide a toe tuck, make a 3 inch fold toward foot of bed; tuck in mitered corner.
11. Move to other side of bed; fanfold linens to the center so you can work with the bottom sheet.
12. Tuck the bottom sheet under the head of mattress (miter corner); working from top to bottom, tighten sheets to provide comfort and safety.
13. Tuck in top sheet and blanket at foot of bed; before tucking in mitered corner make a 3 inch fold toward foot of bed, and then complete mitered corner.

MAKING THE OCCUPIED BED

When a person is in a bed the bed is referred to as an occupied bed.

Supplies Needed For Making The Occupied Bed

The following supplies are needed for making the occupied bed:

- chair (for keeping linens on)
- laundry hamper or bag
- pillowcases (two)
- sheets (two)
- absorbent pads and draw sheet (optional)

Procedures For Making the Occupied Bed

The following is the procedure for making the occupied bed:

1. Wash hands; locate and arrange supplies in order of use.
2. Tell individual that you plan to change bed

linens.

3. Keep room warm and provide privacy for individual.
4. Loosen bed linens. Avoid shaking linens and keep them away from face and clothing in order to prevent the spread of infection.
5. Remove top covers one at a time, except for top sheet; place clean sheet over top sheet; have individual hold top sheet if able; if unable, tuck sheet beneath shoulders; slide soiled top sheet out from top to bottom; place in hamper.
6. Ask individual to turn on side with back toward you. Assist if needed. Move one pillow under person' s head and remove other.

7. Move to other side of bed and roll soiled bottom sheet at sides being careful not to spread germs onto clothing or face. (See figure 29.2.)

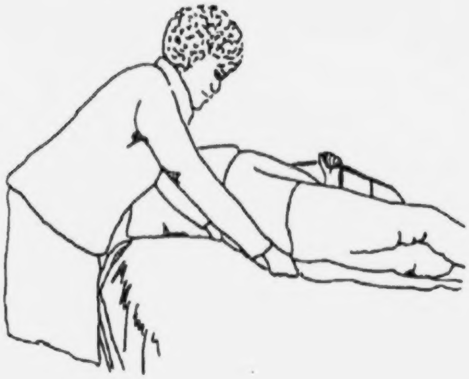


Figure 29.2

8. Fanfold clean bottom sheet, close to the person occupying the bed, under soiled sheet. Tuck clean sheet under head of mattress to anchor it.
9. Tuck in sheet at sides working from top to bottom.
10. Ask individual to roll toward you. Assist if needed. Move pillow with the person.
11. Move to other side of bed. Remove soiled linen by rolling and placing in hamper.
12. Tuck clean sheet under head of mattress (miter corner). Moving from top to bottom, tuck in mattress pulling diagonally to smooth and tighten.
13. Complete bed making as for an unoccupied bed. Provide for toe tuck (one method is to make mitered corner; before final tuck, position linen with an inch fold toward foot of bed; complete mitered corner). (See figure 29.3.)

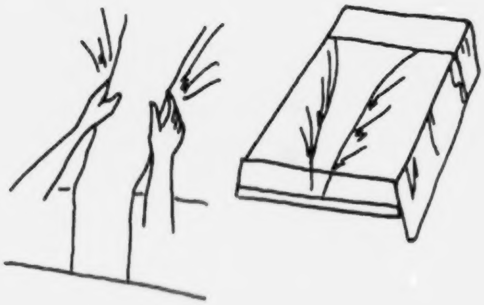


Figure 29.3

14. Place pillows in clean cases under person' s head.
15. Place soiled linens in laundry bag or hamper depending on the policy of the care facility or private home.

When the caregiver has finished making the bed, the caregiver should check the location of the signal cord so that it is in reach of the elderly person. It is important to keep the signal cord in the same place so the elderly person can always find it. If the person has the use of only one hand, the signal cord should be placed within reach of that hand.

BEDSORES OR PRESSURE SORES (DECUBITUS ULCERS)

Decubitus ulcers, commonly referred to as ***bedsores*** or ***pressure sores***, are sores that develop at places where pressure is exerted on bony bulges or other areas of the body. These often occur in the elderly when confined to bed because they are less active and have poor circulation. Pressure sores frequently occur with the constant weight of the body against the bed. This constant weight decreases circulation of the blood, and tissues become malnourished. Sores develop much more rapidly when tissues are malnourished. It is important for the caregiver to watch carefully for signs of bedsores developing in the elderly person. The sites most likely to be involved in bedsores are the heels, ankles, back of the head, hip joints, sacrum (back pelvic area), and the shoulders. Very heavy or very thin persons are usually more susceptible to pressure sores. The area where a bedsore is developing first appears reddened. The area then becomes hot, tender, and very painful prior to the development of blisters. The skin breaks and if left untreated, more cells die in the deeper tissues.

It is important to prevent bedsores because they are extremely painful and recuperation can be costly. The average cost of treating pressure sores runs into the thousands of dollars. There are several ways the caregiver can help to prevent bedsores in the elderly person:

- For an individual confined to bed, reposition every hour or at least once every two hours. Instructed range-of-motion exercises should be done on a daily basis.
- Prevent sheet burns by turning the individual slowly.
- Provide a well-balanced diet each day to prevent malnourished tissues.
- Be sure that the individual maintains good grooming habits daily. Keep the individual clean and dry.
- Keep the bed clean, dry, and wrinkle-free as moisture and pressure against the body will increase the possibility of bedsores.
- Always follow the doctor's or supervisor's prescribed treatment for decubitus ulcers.
- Be careful when assisting with the use of bedpans. Padding the bedpans can reduce pressure; sprinkling the rim with powder will minimize friction.
- Report any signs of bedsore development immediately (warm areas of skin, redness, tenderness, discomfort, or a burning feeling on the skin) to the person in charge. Gently rub the area with skin lotion every two hours. (Be careful as too much rubbing could cause skin breakage.)
- Use powder or cornstarch where skin surfaces form creases. Use cornstarch on the sheets to reduce friction as the elderly person moves. (Be sure to clean sheets often.)
- Remove any hard objects from the bed immediately including crumbs, hair pins, and other small objects.
- Change bed immediately when it becomes wet.
- Be sure plastic never touches the patient's skin.
- Use special equipment such as air cushions, sponge rubber cushions, sheepskins, pillows, pads, air mattresses, alternating pressure mattresses, and flotation pads to reduce skin pressure.

BED CRADLE

A ***bed cradle*** is a wood or metal frame that is used to keep bedclothes off part or all of a person' s body. There are two types of cradles — a narrow cradle and a wide or long cradle. A narrow cradle is used over a body part, such as a leg or arm or both legs or arms. A wider or longer cradle is used to cover the whole body.

If a metal or wood frame is unavailable, a cardboard box with the top and two ends removed can be substituted. (See figure 29.4.)

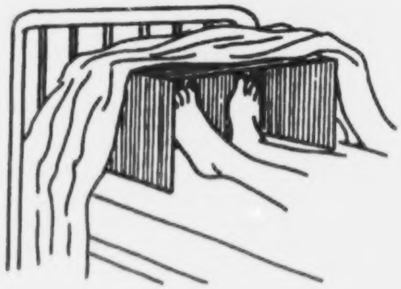


Figure 29.4

The main purpose of a bed cradle is to avoid pain from the weight of the bed covers and occasionally, as a form of treatment for fractures, burns, or wounds.

If the individual should become chilled, a cotton blanket can be loosely arranged over the part inside the cradle. This will help to keep warm air inside and protect the individual from colder air.

Points To Remember

- ☐ A skillfully made bed provides safety, comfort, warmth, a smooth clean surface, and freedom of movement.
- ☐ The caregiver should follow the basic principles of bed making for both unoccupied and occupied beds.
- ☐ Soiled linens should be placed in a laundry bag or hamper depending on the policy of the care facility or private home where employed.
- ☐ The caregiver should always check the location of the signal cord after making the bed.
- ☐ The signal cord should be in reach of the elderly person as well as in the same familiar location for them to find easily.
- ☐ When the person has the use of only one hand the signal cord should be placed within reach of that hand.
- ☐ Bedsores often occur in the elderly when confined to the because elderly persons are less active and have poor circulation.
- ☐ It is important for the caregiver to watch carefully for signs of a bedsore developing in the elderly person, especially on the heels, ankles, back of the head, hip joints, sacrum (back pelvic area), and the shoulders.
- ☐ The caregiver should immediately report any reddened, irritated, or sensitive area of the skin to the doctor, nurse, supervisor, or person in charge.
- ☐ The caregiver should always follow the doctor's or supervisor's prescribed treatment for decubitus ulcers.
- ☐ A bed cradle is a wood or metal frame that is used to keep bedclothes off part or all of a person's body.

Words To Know

bed cradle
bedsores
decubitus ulcers
mitered corner
pressure sores

Review

1. Describe a skillfully made bed and list four benefits of a skillfully made bed.
2. What is meant by an occupied bed and an unoccupied bed?
3. Why should the caregiver always check the location of the signal cord after making the bed?
4. Where should the signal cord be placed for the person with the use of only one hand?
5. What is the cause of bedsores and why do they frequently occur in the elderly?
6. Why is it important for the caregiver to watch carefully for bedsores developing in the elderly person?
7. In what areas of the body are bedsores most likely to develop.
8. List four ways the caregiver can help to prevent bedsores in the elderly person.
9. What is a bed cradle and what is the main purpose of a bed cradle?

30

Bathing

ESSENTIAL ELEMENT

☐ Describe personal hygiene and grooming needs of the elderly.(n3F)

OBJECTIVES TO ACHIEVE

☐ Describe the benefits of a bath.

☐ Describe the types of baths.

☐ Identity reasons that the elderly may need bathing assistance.

☐ Give examples of ways that the caregiver can assist the elderly in bathing needs.

☐ Identify procedure for assisting elderly with bedpan use.

A bath with warm water and soap removes dirt and perspiration, increases circulation, and provides the elderly person with exercise. This helps the elderly person feel clean, relaxed, and refreshed. Giving a bath provides the caregiver with an opportunity to observe the elderly person, and make special note of any irritated places, any need for special care of dry areas, pressure points, or any rashes. The caregiver should encourage elderly persons to bathe themselves as often as possible. The elderly person should be protected from exposure and discomfort such as chilling and rough fabrics. The caregiver can check that the room is warm and free of drafts. The elderly person should be kept covered during the bathing procedure. The caregiver should also make sure the bath water is the proper temperature and arrange for as much privacy for the elderly person as possible.

When giving a bed bath, the caregiver should give primary consideration to the feelings and safety of the elderly person and consider procedures secondly. The caregiver should remember that the techniques and procedures of giving a bed bath should not take the place of warmth and feeling.

The elderly's interest in self often decreases with age, and personal care habits change. They may think, "Why bother, I have no place to go so no one will see me." It takes energy to bathe. The caregiver can encourage elderly persons to bathe by allowing them plenty of time, arranging their bath articles close at hand in order of use, respecting their habits, and being patient with their needs.

BATHING NEEDS

Human skin is composed of two layers: the ***epidermis*** or outer layer and the ***dermis*** or inner layer. The skin is the first part of the body that shows age. Aging skin has less oil or body fat stored in the skin. This fat helps regulate the body temperature and protect body organs. The reduced presence of fat in the skin of elderly persons causes problems with body temperature regulation. As a result of decreased circulation, the skin usually takes a longer period of time to heal. Tissues and muscles that support the skin begin to break down and cause drier, less elastic, wrinkled, and thinner skin. The color of the skin usually fades and becomes less pink. ***Skin pigmentation***, or ***liver spots*** as they are called, are more noticeable in the elderly. These yellow or brownish spots appear on the surface of the skin and their cause is unknown.

Due to skin changes in the elderly, daily bathing is not recommended. Bathing is the process of washing and drying the body to cleanse it and keep the skin free of dirt and odors. Bathing two or three times a week is sufficient although more frequent bathing is necessary for specific parts of the body. Parts of the body that require more regular cleansing include the face, underarms, and any other areas of the body where there are creases or folds. Care should be taken when using soaps and deodorants because often these products are drying and irritating to aging sensitive skin. Lotions or creams may be used on dry areas of the body to keep them moist.

There are several physical as well as psychological benefits of bathing. Bathing helps to stimulate blood circulation, relax tired muscles, and decrease stress. It removes dirt and wastes from the skin and provides exercise for the muscles. Bathing gives a refreshed feeling of well-being.

Tub Bath and Showers

One of the tasks of the caregiver working in services for the elderly may be to assist with tub bath and shower preparation. The caregiver will want to provide a cleansing, refreshing experience with safety, comfort, and minimum effort for the mobile elderly person when giving a tub or shower bath. Encourage bathing by providing plenty of time and having articles close at hand. An afternoon bath is as refreshing as a morning bath. To help the elderly prepare for a tub bath or shower, the caregiver should collect the following supplies:

- bath towel and face towel
- washcloth
- soap
- nonskid bath mat
- lotion or cream
- deodorant
- nonskid chair or stool
- clean clothing and slippers or shoes

Procedure For A Tub / Shower Bath. Some elderly persons will be able to bathe themselves with little or no help from the caregiver; others will need a great deal of assistance. The caregiver should encourage the elderly person to do as much as possible. The following procedures will be helpful to the caregiver when assisting the elderly with bath and shower preparation. The caregiver must remember that the amount of assistance or guidance needed will vary. The supervisor or person in charge will direct the caregiver.

1. Tell the elderly person about the bath.
2. Assemble supplies.
3. Place a chair beside the tub. Bathing supplies can be placed on the chair. A small nonskid stool should be placed in the

shower so the elderly person can sit down if feeling weak or tired.

3. The bathroom should be clean, warm, and free from drafts.
4. Place a bath mat or heavy towel on the bottom of the tub or on the floor of the shower.
5. Assist with the water temperature and pressure, if necessary, before person enters tub or shower. The tub should be filled one-third full of warm water and the temperature of the water should be 105° F.
6. Help the elderly person to put on a bathrobe and slippers and assist person in walking to the bathroom.
7. Help the elderly person undress if instructed to do so. Use a bath blanket to protect the elderly person from chilling and to provide privacy.
8. Caution the elderly person against standing on one foot.
9. Help elderly person sit down in the shower or tub if instructed to do so.
10. If necessary and if instructed, give assistance to bath, especially the back.
11. Encourage the use of handrails or grab bars, if available, for safety purposes. For additional safety in the shower, there should be a handrail and a wall soap dish.
12. Allow the person privacy, but remain close by in case help is needed. Call or check frequently with the elderly person during bathing. The bathroom door should never be locked.
13. When the person has finished bathing, help the person out of the tub or shower, if instructed to do so.
14. Let the person dry off with bath towel or assist with drying if instructed to do so. Use a bath blanket to protect the elderly person from chilling and to provide privacy.
15. Have conveniently available lotion or cream for dry areas, deodorant, and any other skin care products that might be needed.
16. Help the elderly person with dressing if instructed to do so and assist in walking back to bed or room.
17. Make sure the elderly person is comfortable.

When working with the elderly in a private home situation, the caregiver should be aware of the various types of safety grab bars and portable type bars that can be secured to the tub for safety purposes. The bars provide support and leverage for getting in and out of the tub. The bars range in price from inexpensive to moderate and can be purchased from most pharmacies or hospital supply houses. Bathtub seats, stools, and chairs may also be purchased to make bathing safer and easier for the elderly person. (See figure 30.1.)

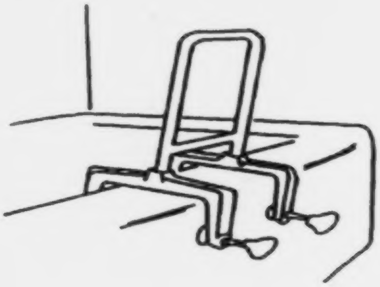


Figure 30.1

Bed Bath

The caregiver may be working in a private home or elder care facility where the elderly person cannot take a shower or get into a tub. A complete bed bath is usually given to the elderly person who cannot be moved. Depending upon the elderly person's care plan, the elderly person may need a partial bath. The amount of the body to be bathed will depend on the reasons for the bath. A partial bath is usually recommended if the person has a high fever or is perspiring profusely. The type of bed bath will vary from person to person and may be complete, partial, or none at all.

For the bed bath, the caregiver should assemble the following supplies:

- basin, two-thirds full of water (105° F)
- soap

- washcloth
- face towel
- bath towel
- bath blanket
- clean bedclothes
- rubbing alcohol or lotion
- talcum powder
- laundry hamper, plastic bag, or paper bag
- chair
- hot water bottle (if available)
- bedpan
- newspapers

Procedure For Bed Baths. In some situations, elderly persons may be able to bathe themselves in bed, but still need assistance when washing feet and back. Other individuals may not be able to assist with the bed bath. The caregiver will be instructed by the person in charge as to the type of bath the elderly person is to have as well as the type of assistance to be provided by the caregiver. The following procedures will be helpful to the caregiver when assisting the elderly with bed bath preparation.

1. Assemble supplies and wash hands.
2. Tell the elderly person about the bath and what you plan to do, and explain how the person can help. The caregiver should show concern for feelings and interest in the person' s personal appearance.
3. Prepare the room by closing doors and windows. The caregiver should assure the elderly person of privacy.
4. Offer the person use of a bedpan. The person should not be exposed any more than is absolutely necessary. Empty and remove the bedpan. If used, the caregiver must remember to wash hands.
5. Place linen and towels on chair in the order that they will be used.
6. Have laundry hamper or plastic bag/paper convenient for handling soiled linen and towels.
7. Remove and fold bedspread and blanket(s); loosen linen, and place bath blanket or large towel over elderly person.
8. Place a hot water bottle, if available, at the person's feet for warmth during procedure.
9. Remove all but one pillow from under the person's head; remove gown/pajamas; place in hamper. Make sure person is comfortably warm.
10. Fill basin two-thirds full of water (105° F).
11. Assist or ask elderly person to move to side of bed.

The following procedure is for washing the face:

1. Place towel under elderly person's head and across chest to protect bedding.
2. Wet the washcloth and make a bath mitt as illustrated in figure 30.2.
    1. Fold lengthwise.
    2. Wrap around palm.
    3. Tuck in at top.
    4. Use as mitt.

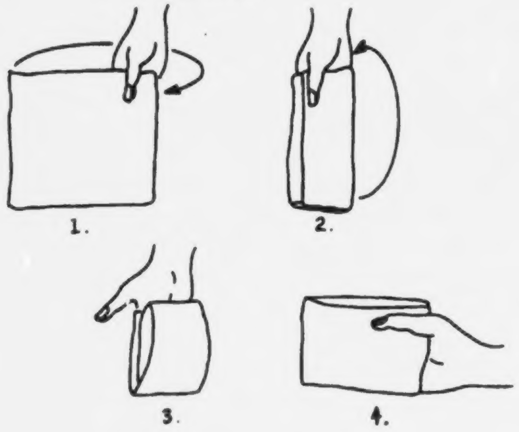


Figure 30.2

3. Squeeze cloth to prevent dripping. Soap should not be used.
4. Wash eyes from nose to ear, carefully using one corner of mitt for one eye and other corner for second eye as illustrated in figure 30.3.

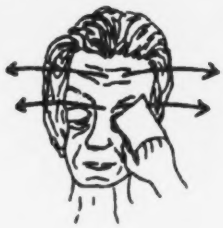


Figure 30.3

5. Use soap to wash forehead, nose, and cheeks with firm, long strokes. Use an S-motion around mouth and chin as illustrated in figure 30.4.

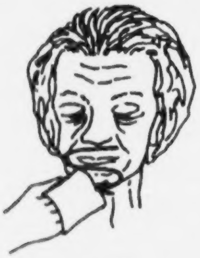


Figure 30.4

The following procedure is for washing the ears and front of neck:

1. Use the bath mitt and wash the ears and front of neck with soap and water. Be sure to wash folds in the skin.
2. Rinse and dry.

The following procedure is for washing the arm:

1. Place a towel under the person's arm and shoulder. Place a second towel over blanket to protect bed.
2. While supporting the arm, wash, rinse, and dry the arm, including the armpit area. If the person requests a deodorant, the caregiver can apply it at this point.

The following procedure is for washing the hands:

1. Place a basin of water on a towel at the elderly person's side. Be sure the basin is secure and will not spill.
2. Wash and rinse the person's hand in the basin of water. Remove basin.
3. Dry hand and each finger carefully.
4. Clean nails, and use lotion if needed.
5. Cover arm and hand with blanket.

The following procedure is for washing the other arm and hand:

1. Working from the same side of bed, repeat the procedure for washing arm and hand.
2. Keep water warm by adding hot water.
3. Change water when it becomes soapy or dirty.

The following procedure is for washing the chest:

1. Cover chest with towel; turn back blanket; protect bedding.
2. Soap, rinse and dry; be sure to dry carefully under breasts. If skin is reddened, use small amount of powder or oil.

The following procedure is for washing the abdomen:

1. Leave towel over chest; be sure to use towel to protect bed.
2. Soap, rinse, and dry abdomen, sides of trunk, and upper thighs.
3. Use a light film of powder in creases of the abdomen if there is any redness.
4. Place soap and washcloth near the person. Ask the person to finish by bathing the pubic area. Allow the person privacy by leaving the room or moving away from the bed. If the elderly person is unable to finish the bath, follow the instructions of the person in charge.
5. Pull up blanket and remove towels.

The following procedure is for washing legs and arms:

1. Place a towel under the person's leg nearest you. Support the leg. Wash, rinse, and dry the leg.
2. Place a towel under the foot. Place a basin of water on the towel. Newspaper can be placed under the towel in case the water spills. Place foot of person into basin as illustrated in figure 30.5.

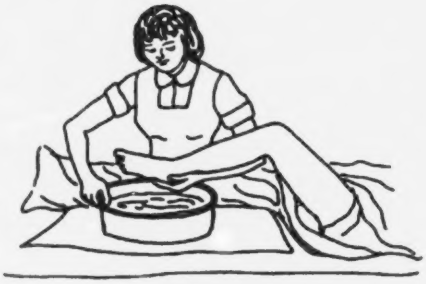


Figure 30.5

3. Wash foot, remove basin, towel, and newspaper.
4. Dry foot well, especially between toes.
5. Give nail care if needed.
6. Repeat procedure for other leg and foot.

Whether the caregiver is caring for an elderly person in a private home or care facility, the caregiver should follow the instructions of the person in charge when assisting with or giving a bed bath.

Sitz Bath

The caregiver may be asked to assist with a sitz bath for an elderly person. A sitz bath is a bath in which the person sits in the tub in warm water. The hips and buttocks are immersed in the water. The ***sitz bath*** is a ***therapeutic*** type of bath often ordered by the person's doctor following rectal surgery or ***cystoscopic examination*** (examination of the interior of the urinary bladder). It is also used to relax ***sphincter muscles*** of the bladder and rectum. The sitz bath is often given three or four times a day.

For the sitz bath, the caregiver should assemble the following:
- bath blanket
- bath towels (3 or 4)
- rubber or sponge-rubber ring for the person to sit on
- safety pin

The caregiver can prepare a bathtub of warm water (105-110° F.) approximately one-third full. The caregiver may be asked to assist the elderly person to the bathroom. Sometimes it will be necessary to use a wheelchair for moving the elderly person. The caregiver should assist with a sitz bath only when instructed to do so by the person in charge.

Plastic disposable sitz bath apparatuses are available for home and institutional use. Besides being sanitary, the disposable sitz bath maintains a constant water temperature. The disposable sitz bath is the ideal solution for homes having only a shower.

Bedpan Use

When working in services for the elderly, the caregiver may be working with an elderly person who is not mobile enough to use bathroom facilities and requires the use of a bedpan. Depending upon the policies of the care facility or the private home, the caregiver may be asked to assist with bedpan use. When this is the case, the caregiver will want to remember to offer the bedpan at regular intervals even though the elderly person does not request it. The bedpan should always be given as soon as it is requested by the person. To avoid injuring the elderly person, the caregiver must be careful to lift the hips of the person high enough to avoid the sliding pressure of the pan. Powder can help reduce friction. The caregiver must always respect the privacy of the individual.

The caregiver will need to assemble the following supplies for bedpan use:
- basin of warm water
- soap, washcloth, towel, or soft cloth
- bedpan and cover (cover can be newspaper)
- bed protector (newspaper pad made of several thicknesses of newspapers covered with clean cloth)
- bell or call system
- newspapers (to protect chair or floor)
- toilet paper
- urinal and cover

Procedure For Use Of The Bedpan.
The caregiver will assist the elderly in the use of the bedpan only when instructed by a supervisor or the person in charge.
1. Assemble all the supplies; wash hands and put latex gloves on. Hot water may be used to warm bedpan. Talcum powder may be used in hot weather to prevent sticking.
2. Place bed protector pad under the persons' hips.
3. Fold back covers at side to prevent soiling.
4. Place the bedpan beside the elderly person. Be sure the open end is toward the foot of the bed.
5. Request person to bend knees and rest weight on heels if possible. The caregiver

should position hand under small of back of the person and on signal help to lift hips while positioning bedpan under hips. Adjust the bedpan for comfort. If there is no need for the caregiver to stay, the caregiver can leave the room after making sure the call bell and toilet tissue are conveniently located.

6. Determine if client is unable to cleanse self. If not, wipe downward toward spine to avoid spreading soiled area to bladder and vaginal openings.
7. Remove bedpan in same manner as placed. Cover bedpan and observe body for redness and soreness.
8. Allow the elderly to wash hands.
9. Empty bedpan and rinse it with cold water. Wash with hot soapy water, rinse and dry. Put all supplies away and wash hands.

Points To Remember

- ☐ A bath with warm water and soap removes dirt and perspiration, increases circulation, relaxes tired muscles, decreases stress, and provides the elderly person with exercise.
- ☐ Assisting with the bath provides the caregiver the opportunity to observe the elderly person, make special note of any irritated places, any need for special care of dry areas and pressure points, or any rashes.
- ☐ The caregiver should encourage elderly persons to do as much bathing of themselves as they can.
- ☐ The skin is the first part of the body that shows age.
- ☐ Due to the changes in the skin of the elderly, daily bathing is not recommended.
- ☐ The bathroom or bathing area should be clean, warm, and free from drafts.
- ☐ Bathtub seats, stools, and chairs; grab bars; and portable type bars secured to the tub make bathing easier and safer for the elderly.
- ☐ A complete bed bath is usually given to the elderly person who is not ambulatory.
- ☐ A partial bed bath is usually recommended if the person has a high fever or profuse perspiring.
- ☐ The most comfortable temperature for bathing is 105° F.
- ☐ A sitz bath is a bath in which the person sits in the tub in warm water.
- ☐ The sitz bath is a therapeutic type of bath often ordered by the person's doctor following rectal surgery or cystoscopic examination and is usually given three or four times a day.
- ☐ The use of a bedpan is required for the elderly person not mobile enough to use bathroom facilities.
- ☐ The bedpan should always be given as soon as it is requested by the person.
- ☐ The caregiver must always respect the privacy of the individual.

Words To Know

cystoscopic examination
dermis
epidermis
liver spots
sitz bath
skin pigmentation
sphincter muscles
therapeutic

Review

1. What are the benefits of a bath with warm water and soap?
2. For what reasons should the caregiver encourage the elderly person to do as much bathing of themselves as they can?
3. What is the first part of the body to show signs of aging, and what are these signs?
4. Why is daily bathing not recommended for all elderly persons?
5. List features that help to make bathing easier and safer for the elderly.
6. Discuss the difference in a complete bed bath, a partial bed bath, and a sitz bath.
7. What is the most comfortable temperature for bathing?
8. Describe types of persons that require the use of a bedpan.

31

Grooming

ESSENTIAL ELEMENT

- ☐ Describe personal hygiene and grooming needs of the elderly.(n3F)

OBJECTIVES TO ACHIEVE

- ☐ Describe the benefits of maintaining good personal hygiene.
- ☐ Identify reasons that the elderly may need grooming assistance.
- ☐ Identify the benefits of daily hair care.
- ☐ List the steps of proper nail care.
- ☐ Discuss the reasons for good oral hygiene.
- ☐ Point out the importance of caring for beards and mustaches properly.
- ☐ Give examples of ways that the caregiver can assist the elderly in grooming needs.

Personal hygiene is essential throughout life. ***Hygiene*** is the practice or condition of preserving health. Health practices remain virtually the same in the later years, but some changes are necessary in order for the elderly to care for themselves as much as possible. There are several psychological and physical benefits of maintaining personal hygiene. Good hygiene helps to maintain a positive self-image as well as build self-confidence. Grooming is also important in maintaining general health and can lead to a more enjoyable and satisfying life. Personal care provides some exercise and therefore aids the elderly person physically. It affects behavior and attitudes and may prompt elderly persons to become more active outside the home if they are well-groomed. A great deal of information can be learned from the personal appearance and behavior of the elderly.

BODY HYGIENE

The elderly may need assistance in meeting some of their grooming needs perhaps due to physical limitations, behavioral problems, or emotional reasons. The elderly may not remember to brush their teeth or comb their own hair. It may be easier for the elderly person to overlook a stained garment or misbuttoned clothing item due to poor eyesight or arthritic hands. Taking care of grooming needs requires great energy and effort; therefore, it often becomes an exhausting ordeal for the elderly.

The caregiver must be careful when assisting the elderly with basic grooming needs. Being overly helpful can create too great a dependence on the caregiver and create low self-esteem in the elderly person. Most adults have been independent throughout their lives and it is often difficult to have to suddenly depend on others, especially for personal needs. It is imperative that the caregiver be as efficient, pleasant, and understanding of the elderly person as possible. It is important for the caregiver to assist the elderly, but the caregiver must encourage elderly persons to do as much for themselves as possible.

ORAL HYGIENE

Oral hygiene should be included in the elderly person' s daily grooming routine. The status of the teeth and gums affects the total health of the person. Oral care is given to cleanse the mouth, keep the gums in good condition, prevent tooth decay, prevent bad breath, protect the mucous membrane from drying and cracking, prevent sores and ulcerations, reduce the danger of infection, provide daily observation for problems such as ill-fitting or broken dentures or signs of decaying teeth, and prevent plaque build-up. ***Plaque*** is a colorless film of bacteria that gradually builds on the teeth. Brushing the teeth helps to remove the build-up of layers of plaque. If plaque is not removed daily, teeth will begin to decay and form cavities. Plaque is also the major cause of gum disease or ***periodontal*** disease. In adults, gum disease is the major cause of tooth loss, not cavities. Poor oral hygiene may also lead to loss of appetite and weight. Healthy teeth and gums, as well as properly fitted dentures, are essential to chew and digest food.

Elderly persons may have full dentures, partial dentures and some of their own teeth, or all of their own teeth. Full dentures means all the teeth are missing and have been replaced by artificial ones. Partial dentures means some of the teeth are original and some have been artificially replaced.

Principles of Oral Hygiene

The following principles of oral hygiene will be helpful when the caregiver is assisting an elderly person with oral care:

- Soft-bristled toothbrushes are best because they do not irritate the gums.
- Rubber gum stimulators, dental floss, and oral hygiene appliances may be helpful.
- Warm, mildly salted water makes a good mouthwash.
- The mouth should not be neglected no matter how ill the elderly person may become.
- Lemon juice and glycerine on cotton swabs may be used successfully on even an unconscious person, if instructed by the person in charge.
- The elderly person should be encouraged to do as much of the oral hygiene as possible for himself/herself.
- Care of the mouth should be attended to daily.
- Special care should be used with dentures.

Procedures For Oral Hygiene of Bedridden Elderly

Whether working in a private home or care facility, the caregiver may be asked to assist with oral hygiene for an elderly person. In cases where the elderly person is ambulatory, the caregiver can encourage the person to carry out oral hygiene tasks. In other situations when the elderly person is bedridden and needs assistance, the caregiver should assemble the following items:

- basin
- cup of fresh water
- drinking straw for water, if needed
- tissues
- toothbrush
- toothpaste or baking soda
- towel

The caregiver will assist the elderly with oral hygiene only when instructed by a supervisor or the person in charge. The procedures for assisting a person with oral hygiene are as follows:

- Gather supplies.
- Wash hands and put on latex gloves.
- Tell the elderly person what is going to be done.
- Place a towel under the person's chin to protect bedclothes.
- Pour water over a toothbrush and put toothpaste or baking soda on the brush.
- Carefully place the toothbrush into the elderly person's mouth with bristles down. Turn the toothbrush with bristles toward teeth, and with an up and down motion brush surfaces of all teeth.
- Provide a cup of water for rinsing the mouth.
- Put basin near the person's chin for return of fluid
- Remove the basin
- Wipe the person's mouth and chin and remove the towel.
- Clean and put away supplies and wash hands

Procedures For Helping Elderly With Care Of Dentures

When assisting the elderly with the care of ***dentures*** or artificial teeth, the caregiver must be extremely careful to avoid breaking or misplacing the dentures. The caregiver should encourage elderly persons to wear their dentures. The caregiver should use extreme care when handling the dentures of an elderly person. Dentures are expensive and can break if dropped on a hard surface. When the dentures are left out of the mouth, they should be placed in a container with enough water to cover them. The caregiver should encourage elderly persons to place their dentures in a denture cup or small container. Many care facilities prefer to have the person's name on the cup or container. Privacy should be provided for the elderly person when dentures are being cleaned. The caregiver should encourage elderly persons to clean their own dentures when possible. The following procedures will help the caregiver assist the elderly person with care of dentures:

- Assemble supplies: basin (if person cleans their own dentures), cup with fresh water, mouthwash, tissues, toothbrush or denture brush, toothpaste or denture powder or tablet.
- Wash hands.
- Discuss with the elderly person what you plan to do.
- Ask the person to remove dentures if able to do so. This often gives the elderly a sense of independence and frees them from any sense of embarrassment.
- Put dentures in cup to remove them to bathroom for cleaning.
- Allow person to rinse mouth with mouthwash before replacing dentures.
- Use tissue to hand dentures to elderly person.
- Clean and put away supplies.
- Wash hands.

The caregiver should report to the person in charge any signs of poor fitting dentures, sores in the mouth, or the inability to chew food. Usually a dentist can reline the dentures to improve the fit.

NAIL CARE

Care of the fingernails and toenails is a very important part of personal care. Good care will prevent infection, and bacteria build-up under the nails. The caregiver should soften brittle nails of the elderly person by soaking the nails in warm water before attempting to cut and file the nails. Doing this will make the procedure easier and safer. The caregiver can cut the nails of an elderly person only when special instructions are given from the person in charge. In a private home situation, the caregiver should never cut the toenails of a diabetic or a free bleeder without special permission from the person's doctor or the responsible family member. In an care facility, a doctor's order is needed for trimming the nails of an elderly person with medical problems such as diabetes, and the nails are always trimmed by a licensed nurse or ***podiatrist*** (physician-foot specialist). Diabetics have poor circulation. Therefore, the slightest nick in the skin could result in diabetic ulcers that heal slowly or sometimes never heal. A nick or cut in the skin of a free bleeder may require medical attention. Toenails should be cut straight across to avoid ingrown nails. A wisp of cotton can be tucked under the nail to prevent pressure on the toes when for toenails that tend to grow inward at the corners.

The caregiver should not use nail polish on an elderly person's nails unless given special permission from the person in charge. Unpolished nails are used to check circulation and other conditions of the body. The polish on nails makes it impossible to observe these conditions.

Procedures For Nail Care

Some elderly women may prefer to have a professional ***manicure*** (fingernail grooming) or ***pedicure*** (toenail grooming) by a manicurist. Some elderly persons who are disabled, very ill, or who have had a lengthy hospitalization may need assistance in caring for their nails. In situations where the elderly person needs assistance with nail care, the caregiver should assemble the following items:

- bowl or small container of warm, soapy water
- nail file
- emery boards
- nail clippers and manicure scissors
- orange stick
- softening cream
- towel
- nail polish (clear or light color used in some situations)

The procedure for assisting an elderly person with nail care includes the following:

1. Assemble and organize supplies.
2. Prepare warm, soapy water in bowl or small container.
3. Place the bowl or container on a towel at a convenient height and position for the person.
4. Ask the elderly person to soak the fingers on the right hand about five minutes in the bowl.
5. Remove the person's right hand from the bowl.
6. Dry the hand and the nails — pushing the cuticle back gently with the towel. Softening creams are also helpful to soften the cuticles.
7. Place the left hand of the elderly person in the bowl or container of warm, soapy water.
8. Use a fine emery board to shape the nails in an oval (or follow the contour of the fingertips) on the right hand. File from the outer edge toward the center on each side of each nail.
9. Use an orange stick to clean under the fingernails. A sharp metal file should not be used to clean under the nails.
10. Rub lotion or cream on the hands to keep them soft and moist.
11. Repeat procedure for left hand.
12. Polish nails if desired by elderly female and if instructed to do so.
13. Report any unusual condition of the hands or feet, or ingrown nails to the person in charge.

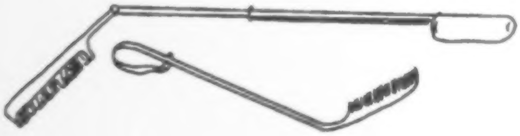
HAIR CARE

The elderly person needs regular hair care. Brushing the hair helps to circulate blood in the scalp. Brushing also helps to spread natural oils from the scalp, removes dirt, and eliminates the problem of dull, lifeless, or matted hair.

Due to loss of pigmentation (coloration), hair becomes gray and eventually whitens. It is believed that decreased circulation causes loss of pigment. Hair becomes thicker in some areas such as the eyebrows or face and thinner on the scalp, especially in males. Hair thinning may be caused by several factors: heredity, scalp infections, fatigue, severe illnesses, or emotional strain. Nearly 75 percent of the male population over age forty shows some signs of balding. Balding can also occur in women, but much less frequently. Hair thinning is frequently seen with elderly women.

The caregiver should encourage elderly persons to brush their hair because it provides exercise, stimulates blood circulation to the scalp, improves appearance, and boosts morale. The caregiver may need to assist elderly persons who are unable to brush their hair. When brushing the elderly person's hair, the caregiver should be gentle because the elderly person's scalp is often very sensitive.

For elderly persons with limited mobility in the arms and hands, or a limited reach or grasp, long handled combs and brushes may be helpful. The combs are available in several different designs to meet particular needs. Models vary from expandable and extendable handles to adjustable angles of the comb. These devices are fairly inexpensive and can be purchased through most pharmacies and hospital supply houses.



In addition to combing and brushing hair as frequently as needed, the elderly person will need an occasional shampoo. If the person is able to bend over a sink or able to sit in a chair and lean back over a sink, shampooing should be fairly easy. Some elderly persons, especially women, may prefer and enjoy having their hair done by a professional hair stylist. At other times the caregiver may need to assist with the shampoo.

Shampoo Procedures for the Mobile Elderly Person

Listed below are the procedures to follow for shampooing the hair of a mobile elderly person.

1. Locate and organize all needed materials (towels, shampoo, brushes, and combs).
2. Secure a towel around the shoulders of the person.
3. Check to see that all hair clips, pins, and combs are removed.
4. Ask the person to remove any jewelry, glasses, and other items that might interfere with the shampoo.
5. Inspect the person's hair and scalp for any signs of scalp irritation.
6. Brush the hair.
7. Seat or position the person as comfortably as possible.
8. Regulate water force and test temperature of water.
9. Wet the hair thoroughly. Be sure to avoid spraying the face of the person.
10. Massage scalp and hair gently, but firmly: Begin at the side (hairline) and massage the scalp upward with a back and forth motion. Use finger pads and avoid using fingernails. Continue this pattern of motion working in an overall upward motion until all areas of the scalp are massaged. Pay special attention to the hairline.
11. Adjust water temperature.
12. Rinse hair.
13. Shampoo hair for second time.
14. Rinse hair, checking that all shampoo is removed.
15. If appropriate, apply cream rinse or other solution requested by the person. As a substitute for a commercial cream rinse, two tablespoons of vinegar or lemon juice in two cups warm water may be used. Rinse thoroughly. Towel dry, gently.
16. Gently comb hair with a clean comb removing all tangles.
17. Style hair according to the wishes of the

elderly person. Long hair can be braided or rolled to avoid tangles.

18. Dry hair.

Shampoo Procedure for the Bedridden Elderly Person

When working in services for the elderly, the caregiver may have an elderly person who requires a hair shampoo in bed. The caregiver will assist or give a shampoo to the bedridden elderly person only when instructed to do so by the person in charge. Shampooing the hair of a bedridden elderly person can be accomplished without too much difficulty. The person should be positioned in bed so that most of the head clears the bed. A piece of rubber sheet should be placed under the head with the edges raised by towels to produce a funnel effect in order to direct the water flow to a basin on the floor or on a low stool. (See figure 31.1.)

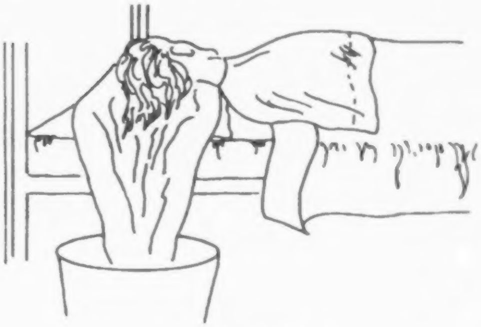


Figure 31.1

Adapt basic procedures for giving shampoos. A spray nozzle might be used to help with shampoo and rinsing. The caregiver should take care to avoid chilling or tiring the elderly person. Dry hair immediately. It is extremely important that hair be dried as wet hair can be a cause of illness in the elderly.

The caregiver should be aware that dry shampoos are available. Depending upon the policies of the care facility or the private home situation, dry shampoos may be used occasionally. Sometimes the elderly person may decline from having a wet head but prefer and enjoy a dry shampoo.

Hairstyling

Depending upon the style preferred, the caregiver may use a blowdryer, pincurls, hair rollers, or a curling iron. The caregiver should be very careful when curling or rolling hair to keep hair smooth and to avoid securing the hair tightly. The scalps of elderly persons may be extremely sensitive.

Head Lice

Head lice are easily spread from one person to another. They are commonly transmitted by close contact and the use of infested combs and brushes. In private home situations, the caregiver should encourage the person to see a doctor or public health nurse if there are any signs of head lice. In a care facility, the caregiver should report any sign of head lice to the person in charge. The caregiver can guard against head lice by avoiding close contact with the infected person.

Shaving

Most men like to shave daily because it makes them feel and look good. Either an electric or hand razor can be used, although electric shavers are usually considered to be safer. If able, the elderly person should be encouraged to shave himself. In some situations the caregiver may be asked to assist with shaving. The caregiver can assist with shaving only when following the instructions of the person in charge. When assisting with a shave, the caregiver should assemble the following equipment:

- towel
- washcloth
- mirror
- electric shaver or hand razor (if hand razor is used, the caregiver will need to include a

very sharp razor blade, shaving cream, and a basin of warm water if the sink cannot be used).
- aftershave lotion

The following steps are for assisting with a shave:

1. Ask the person to sit or stand so face can be seen in mirror.
2. Be sure good lighting is available.
3. Place the towel across the chest and around the shoulders.

Electric Shaver:

1. Gently shave, moving the shaver with the beard's grain.
2. Apply aftershave lotion, if desired.

Hand Razor:

1. Wet the skin.
2. Apply shaving cream gently all over the beard to soften hairs. Soaps are often too irritating and drying to the skin.
3. Keep the skin and razor wet at all times while shaving.
4. Hold the skin firmly and gently pull the razor in the direction of beard's grain. Begin at the cheeks and work toward the chin using short strokes. Special care should be taken around the neck and under the nose.
5. Rinse off the razor in warm water when shaving cream builds up.
6. Rinse off the face and pat dry with towel.
7. Apply an antiseptic such as alcohol or shave stick antiseptic to any nicks or cuts.
8. Apply aftershave lotion, if desired.

Trimming a Beard or Mustache

Some elderly gentlemen may enjoy maintaining a mustache or beard. A full beard is convenient for those who do not like to shave. Both a beard or mustache needs to be kept trimmed and shaped. The caregiver may be asked to assist in trimming the mustache or beard. It is important that beards and mustaches be kept trim around the mouth so as not to interfere with eating.

Washing a beard is very important to keep bacteria from growing at the hair root level. A mild shampoo should be used on the beard to keep it clean and leave the hair soft. The beard should be shampooed away from the face to prevent its rough texture from irritating the face. A dandruff shampoo should never be used when flaking occurs in the beard. The flaking is usually the result of either insufficient rinsing of the beard after shampooing or of not drying the beard correctly. A damp beard will encourage the growth of bacteria therefore, it is important to dry a beard thoroughly. Gently rubbing and patting the beard with a towel will usually dry the beard. Beards dry quickly because water naturally rolls off the hairs. A blow dryer should never be used to dry the beard because the heat is too intense for tender facial skin. The beard should be combed with a wide-toothed comb to prevent tangles prior to brushing. The beard should be combed and brushed in the direction the elderly person wants the beard to lie. In most cases, the beard is combed and brushed in a downward motion. Short downward strokes are used to round the whiskers along the jaw.

Procedure for Trimming a Beard or Mustache

The caregiver should trim a beard or mustache only when instructed to do so. The following procedure will be helpful to the caregiver when assisting the elderly with the care of their beard or mustache.

- Trim only a dry beard or mustache.
- Brush beard up with firm, but not vigorous strokes to avoid irritating the skin. The brush strokes should move through the beard. Avoid brushing only the surface of the beard.
- Comb beard out gently. Rough motions with the comb can break the hair as well as irritate the face.
- Use finger to remove any tangles or knots.
- Use a magnifying glass or mirror to snip at the tips of the hairs for gentle shaping. Toenail clippers can be used to trim very short mustaches.

- Avoid rubbing aftershave lotion or cologne into a beard or mustache because the alcohol content will cause whiskers to dry out, and the beard or mustache will lose its naturally protective oils. If the elderly person wishes to have a beard or mustache removed, most of the hair should be removed with scissors before shaving. A razor used on the full growth could cause severe abrasion of the person's face.

Points To Remember

- ☐ Hygiene is the practice or condition of preserving health.
- ☐ Good hygiene helps to maintain a positive self-image as well as build self confidence.
- ☐ It is important for the caregiver to assist the elderly with grooming, but the caregiver must encourage elderly persons to do as much for themselves as possible.
- ☐ Oral care is given to cleanse the mouth, keep the gums in good condition, prevent tooth decay, prevent bad breath, protect the mucous membrane from drying and cracking, prevent sores and ulcerations, reduce the danger of infection, provide daily observation for problems such as ill-fitting or broken dentures or signs of decaying teeth, and preventing plaque build-up.
- ☐ Plaque is the major cause of gum disease or periodontal disease.
- ☐ Gum disease is the major cause of tooth loss in adults.
- ☐ Soft-bristled toothbrushes are best because they do not irritate the gums.
- ☐ Care of the mouth should be attended to daily.
- ☐ Dentures should be handled very carefully to avoid breaking.
- ☐ Proper nail care will prevent infection and bacteria build-up under the nails, and keep them from causing.
- ☐ Toenails should be cut straight across to avoid ingrown nails.
- ☐ Brushing the hair helps to circulate blood in the scalp, spread natural oils form the scalp, remove dirt, and eliminate the problem of dull, lifeless, or matted hair.
- ☐ Hair thinning may be caused by heredity, scalp infections, fatigue, severe illnesses, or emotional strain.
- ☐ When curling or rolling hair of an elderly person, the caregiver must be gentle, keep hair smooth, and avoid securing the hair tightly.
- ☐ A daily shave makes men feel and look good.
- ☐ A beard or mustache needs to be kept trimmed and shaped.

Words To Know

dentures
hygiene
manicure
oral hygiene
pedicure
periodontal
plaque
podiatrist

Review

1. What are the benefits of maintaining personal hygiene?
2. What are the correct procedures for assisting a person with oral care?
3. What is the major cause of gum disease?
4. What is the major cause of tooth loss in adults?
5. What type of toothbrushes are recommended and why?
6. Why is good nail care an important part of personal care?
7. What is the purpose of cutting toenails straight across?
8. Discuss the causes of hair thinning.
9. Discuss the importance of proper care for a beard or mustache.

32

Dressing Assistance and Self-help Dressing Aids

ESSENTIAL ELEMENT

- ☐ Determine strategies for facilitating self-help.(n3G)

OBJECTIVES TO ACHIEVE

- ☐ Describe how clothing can be adapted to meet the needs of the elderly.
- ☐ List the steps in assisting the elderly to dress.
- ☐ Give examples of self-help aids for dressing.
- ☐ Demonstrate how to make self-help aids for dressing.

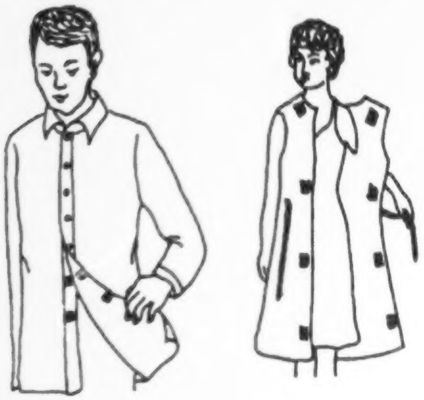
CLOTHING ADAPTATIONS

Clothing can be adapted to allow for decreased physical strength, limited finger dexterity, partial paralysis, limited range of motion, or other health-related or safety concerns relating to the elderly. ***Clothing adaptations*** are modifications that can be made on the elderly's clothing to enable them to be more self-sufficient in dressing.

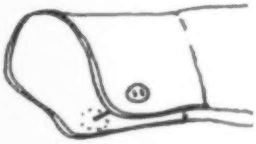
Adapting Fasteners

Velcro fasteners can replace zippers, hooks and eyes, and other fasteners. It can also replace the use of buttons even though the buttons remain on the garment. Velcro is sewed over the buttonhole and on the backside where the button is attached. Substituting Velcro for buttons and buttonholes gives the garment a buttoned appearance.

Back opening bras for women can be closed and reopened in front by adding hooks and eyes or Velcro for the fastener. Back closures on garments, such as buttons and back zippers, can be changed to a front opening. If there is a center front seam, a zipper or Velcro fastener may be added. A metal ring or decorative tab can be added to the zipper pull for easier grasping. Small buttons and buttonholes can be replaced with larger buttons and en-



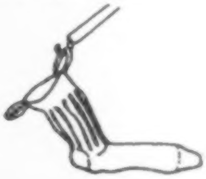
larged buttonholes. Buttons on slacks and skirts can be replaced with a large hook and bar or Velcro. Buttons can be reattached with elastic thread so the hand can slide through the sleeve without being unbuttoned. Buttons can be reattached with thread shanks so they are easier to grasp.



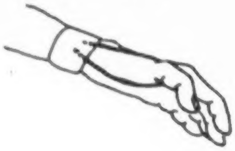
Fabric that is scratchy can be lined with a soft fabric next to the skin. In ready-to-wear garments, specific areas of the garment that are scratchy can be reinforced with soft fabric.

When a garment fits too tightly, the seams can usually be let out to give additional room for comfort. When the seam allowances are too narrow to give the needed room, coordinated fabric can be inserted to provide fullness.

For a person with limited reach, fabric loops can be attached to the tops of socks and pants which can be pulled up with hooks on dowel sticks or boot hooks.



Elastic loops can be sewed to shirt or sweater cuffs for ease in dressing or undressing. By placing the loop around the thumb, a coat or jacket can be slipped on without the shirt or sweater sleeves pulling up.



DRESSING ASSISTANCE

Many elderly people are quite capable of dressing and undressing themselves. Others will need assistance from the caregiver. When instructed to assist the elderly with dressing, the caregiver should follow these steps:

1. Provide privacy.
2. Wash hands.
3. Gather clothing the elderly person has selected.
4. Assist with removing pajamas, gowns, or other clothing.
5. Assist with putting on clothing. If the person has a weak or paralyzed arm or leg, that body part should be placed in the garment first followed by the other arm or leg.
6. After the outer garments are on, assist with the shoes and socks. Different methods of dressing will have to be adapted to individual needs. The caregiver should encourage elderly persons to be as independent in their dressing as possible.

SELF-HELP AIDS FOR DRESSING

Dressing or undressing can be a very time-consuming and burdensome task for the elderly with physical limitations and/or restrictions. Bending over to pull up socks or to tie shoes is often impossible for someone with a limited range of motion or partial paralysis. Buttoning a shirt or blouse can be frustrating and sometimes impossible for one with arthritis or poor finger dexterity. The term ***dexterity*** refers to skill in using the hands and body. Pulling on and pushing off clothing is extremely difficult when range is restricted. The ability to dress and undress with limited or no assistance from the caregiver helps the elderly to feel more independent and build self-esteem.

Constructing Dressing Aids

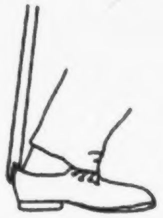
Self-help aids, which are devices used by the elderly to make getting dressed easier for them, can be purchased at hospital supply houses and specialty stores. However, most self-help aids can be made at home. There are several simple, easy-to-construct self-help clothing aids that help to ease the task of dressing for the elderly person.

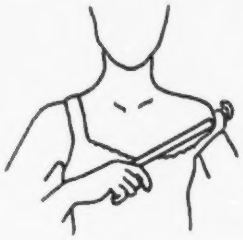
The self-help aids have a wide range of use and cover a wide range of disabilities. Some of the gadgets have no commercial equivalents, are fairly easy to make, and are made with inexpensive materials. For example, the ***boot-jack***, which makes removing boots or shoes easier when strength or range is limited, may be less expensive to buy than make.

Some elderly persons will take pride in assisting in the construction of these dressing aids. It will help to boost their personal morale and self-esteem if they are able to help build a self-help aid gadget.

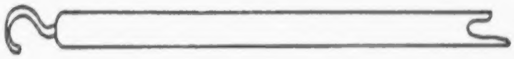
Also, by making one's own clothing aids, the aids can be made to meet the individuals specifications. Purchased aids often come in just one size, style, and length. For example, a homemade dressing stick can be twelve inches or twenty-two inches in length depending on individual needs. Most of the aids are fairly simple and fun to construct.

Dressing Stick. A ***dressing stick*** is used to aid in pulling on or pushing off clothing when range of motion is restricted. This is very useful for pulling on socks and stockings, pulling up straps, or lifting a coat off the shoulder. It is also helpful for pulling zippers or tightening shoelaces. The stick has uses other than assisting in dressing, such as maneuvering objects beyond reach such as a light switch or cups on hooks.



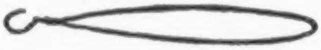


Materials:
- 1/2" x 5/8" wood of desired length (that is 15", 21")
- cup hook — 7/8" to 1 1/2" size depending on preference
- A small magnet may be attached at one end to facilitate picking up pins and other small metal objects.



Alternatives:

A wire clothes hanger pulled into a long loop makes a versatile aid which serves many of the same purposes as the dressing stick.



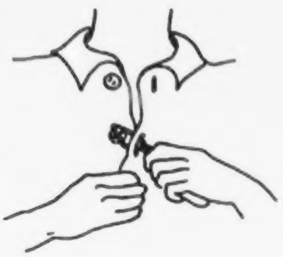
Buttonhook. A ***buttonhook*** is a wire device used to facilitate buttoning when dexterity and reach are poor or there is only the use of one hand.

Materials:
- handle made of wood, dowel, plastic, or other material
- fine wire

(See page 269 — figure 32.1)

Method:

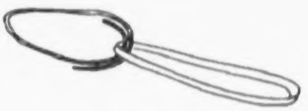
1. Slide the loop of the buttonhook thru the button hole and place it around the button.
2. Pull the button thru the hole.



Sleeve Anchor. A ***sleeve anchor*** is a device used to keep the jacket sleeve from crawling up when pushing the arm into an overcoat. It avoids having to grip the edge of the sleeve.

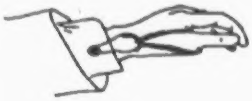
Materials:

- rubber band
- wire loop (ex. re-bent paper clip) big enough to fit over jacket button



Method:

1. Attach wire loop to rubber band.
2. With jacket on, hook loop over button, then slip elastic over thumb before putting arm into overcoat.
3. Carry in pocket so it is handy when needed.



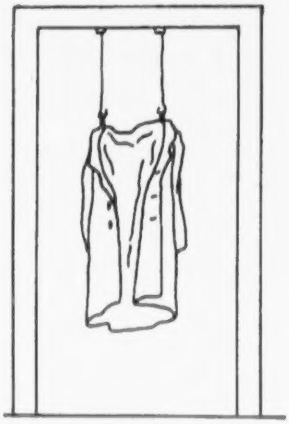
Overcoat Hanger. The purpose of an ***overcoat hanger*** is to support the overcoat so that the shoulders are relieved of the weight from the coat when putting it on.

Materials:

- two strong staples fastened to the top of a door frame — a shoulder's breadth apart (Rings on a clothes closet rod will also work.)
- two strong cords
- two strong hooks
- loops made of shoelaces

Method:

1. Attach the strong cord to each staple.
2. Then attach the strong hooks to each cord.
3. Sew the loop made of shoelace inside the coast, under the lapel so as to be invisible from the outside.
4. Hang coat on the hooks so that it is at shoulder level.
5. Back into the coat, pushing arms into sleeves.
6. Undo hooks.



Bootjack. A ***bootjack*** assists in removing boots or shoes when strength or range is limited.

Materials:

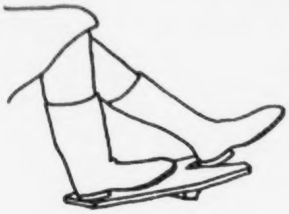
• A platform - 15" x 3 1/4"	5 1/2" x 1/2"
• B support - 5" x 1 1/8"	1 1/2" x 1 1/2"

- 3 screws
- heavy rubber lining for notch

(See page 269 — figure 32.2.)

Method:

1. In a sitting position, place the heel of the boat inside the notch and pull.
2. Place the other foot flat on the platform for leverage.



Sock Sticks. ***Sock sticks*** are used to put on socks when feet cannot be reached with hands. NOTE: Good ankle range is necessary to use these satisfactorily.

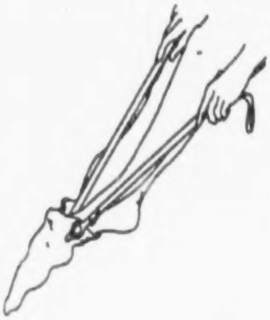
Materials: (for one pair)

- two of 1/2" x 1/2" wood of length desired (ex. 18", 27")
- two aluminum attachments (see above pattern) made from 65 ST 6.064 (14 ga.) sheet aluminum. (That is firm aluminum that will stand up to pressure.)
- two garters (hose attachments). NOTE: Metal and cloth type is better than plastic, as it has a deeper neck and will accommodate thicker material.

(See page 269 — figure 32.3)

Method:

1. Attach a stick to each side of sock opening.
2. Lower to foot and pull sock on.
3. Release garters by pulling tape loops.



Stocking or Sock Aids. ***Stocking or sock aids*** assist in putting on stockings and socks when the hands cannot reach the feet. Stocking or sock aids enable the individual to put the socks on while sitting or standing without bending over.

Materials:

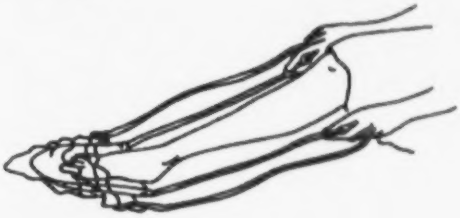
- A, B, C — 1/2' nylon twill tape
- A, B, C — 2 garters (hose supporters)
- A, B — nylon fabric (for smooth inner surface for foot to slide on)
- A, B — canvas (for rough outer surface to grip stocking)
- A, B — 1/16" polyethylene, sandwiched between the nylon and canvas
- C — 1/8" polyethylene

(See page 269 — figure 32.4)

NOTE: Types A and B are suitable for stocking.

Method:

1. Sew nylon and canvas around the sides and curved end, then turn inside out to form a pocket.
2. Insert the polyethylene and sew the fabric. NOTE: Tabs of leatherette between rivet and fabric will deter tearing. Type C, which is more rigid, is appropriate for socks. Garters may not be needed.
3. Attach one garter to each side of stocking or sock top.
4. Gather stocking or sock and pull over the toe of aid; do not pull past end. This will shape aid into a trough.
5. Holding a tape in each hand, lower aid to feet.
6. Insert foot into trough.
7. Gradually pull the aid over the foot and up the leg.



Long Shoehorn. A ***long shoehorn*** is to aid in slipping on shoes when reach is limited. It may be used in conjunction with elastic or zipper shoelaces. When stabilizing the shoe is desired, two shoehorns may be used together. The extra long shoehorn allows the individual to put shoes on without bending or stooping.

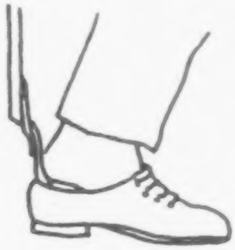
Materials:

- 1/2" x 1/2" wood of desired length (ex. 18", 24", 30")
- metal shoehorn (two for double type)
- 5" x 1/2" x 1/8" firm aluminum 65 ST 6 (to support shoehorn).

(See page 269 — figure 32.5)

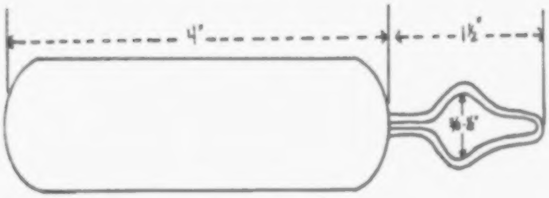
Method:

1. Bend one end of aluminum to contour of shoehorn and rivet together.
2. If using two shoe horns, separate with washers so shoe will fit between other ends.
3. Screw aluminum to wood.
4. Sand grooved end of wood smoothly so it will not snag socks.



Self-help Dressing Aids

Buttonhook



length and diameter of handle appropriate to hand using it

size of loop depends on size of buttons (for medium size)

Figure 32.1

Bootjack

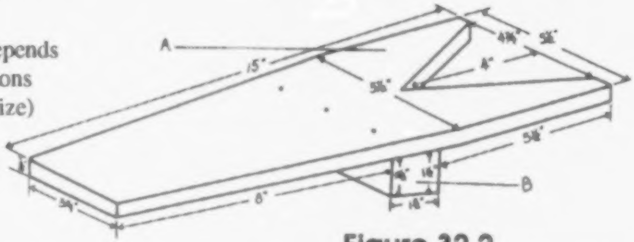
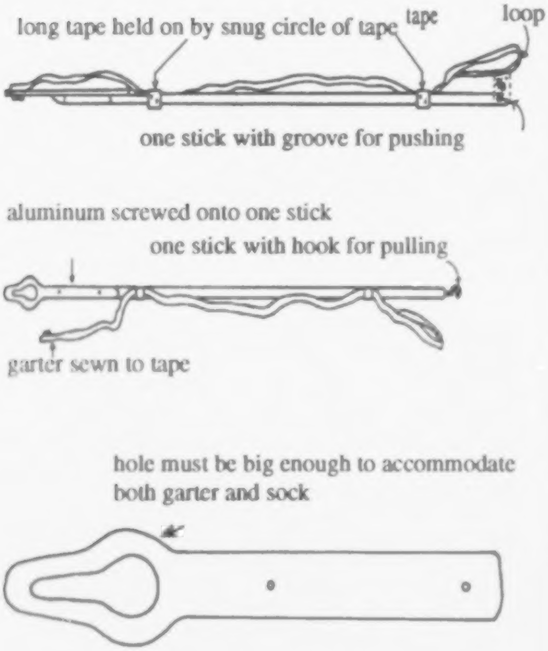


Figure 32.2

Sock Sticks



long tape held on by snug circle of tape

tape

loop

one stick with groove for pushing

aluminum screwed onto one stick

one stick with hook for pulling

garter sewn to tape

hole must be big enough to accommodate both garter and sock

Figure 32.3

Stocking or Sock Aids

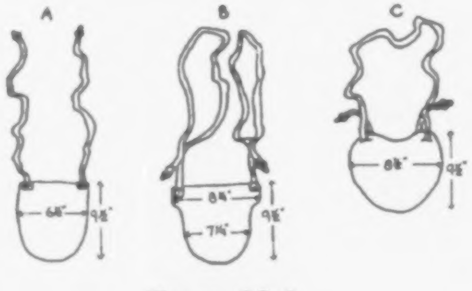
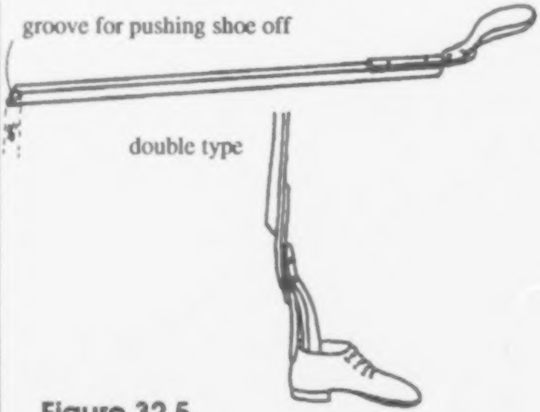


Figure 32.4

Long Shoehorn



groove for pushing shoe off

double type

Figure 32.5

Points To Remember

- ☐ Adaptations can be made in clothes for the elderly to enable them to be more self-sufficient in dressing.
- ☐ Clothing adaptations add to the person's comfort and mobility and make it easier for the person to dress and undress.
- ☐ Clothing can be adapted to meet the needs of the elderly due to decreased physical strength, limited finger dexterity, partial paralysis, limited range of motion, or for other health-related or safety reasons.
- ☐ Velcro can replace zippers, hooks and eyes, buttons, and other fasteners.
- ☐ Back closures on garments, such as buttons and back zippers, can be changed to front openings.
- ☐ Fabric, or specific areas of garments that are scratchy, can be lined with soft fabric next to the skin.
- ☐ Letting out seams or inserting coordinated fabric in a garment provides additional fullness for comfort.
- ☐ Different methods of dressing assistance should be adapted to individual needs.
- ☐ Dressing and undressing can be time consuming and burdensome for the elderly with physical limitations and/or restrictions.
- ☐ There are several simple, easy-to-construct self-help clothing aids that help to ease the task of dressing.
- ☐ Many dressing aids have no commercial equivalents, are fairly easy to construct, and are made with inexpensive materials.

Words To Know

bootjack
buttonhook
clothing adaptations
dexterity
dressing stick
long shoehorn
overcoat hanger
self-help aids
sleeve anchor
sock sticks
stocking or sock aids

Review

1. What are the purposes of adapting clothing to meet the needs of the elderly?
2. Discuss the clothing adaptations that the caregiver can make for the elderly person.
3. How can back closures on garments be adapted to allow for more ease in dressing?
4. How can a zipper be adapted for easier grasp?
5. How can buttons and buttonholes be made easier to grasp?
6. What adaptation measures should be taken for fabric that has a scratchy feel to the individual?
7. What adaptations can be made for garments that fit too tightly?
8. How do fabric loops help the person with limited reach?
9. How do elastic loops add to the ease of dressing or undressing?
10. How can self-help aids meet some of the dressing needs of the elderly?
11. Name three advantages of making self-help clothing aids.
12. Which self-help aid helps in slipping on shoes when reach is limited?
13. Explain each step in the making of a long shoehorn.
14. What is the purpose of a sleeve anchor?
15. Which clothing self-help aid would help in pulling on or pushing off clothing when range is restricted?

16. Name the self-help aid that facilitates buttoning when dexterity and reach are poor.

17. Which self-help aids are helpful in putting on stockings or socks?

18. Which self-help aids would help in putting on a jacket or overcoat?

19. Name the self-help aids that are helpful in removing boots or shoes when strength or range is limited.

33

The Caregiver: A Special Role

ESSENTIAL ELEMENTS

- ☐ Describe the aging process.(n1A)
- ☐ Determine strategies for facilitating self-help.(n3G)
- ☐ Demonstrate communication skills.(n6B)
- ☐ Describe crisis management techniques for the elderly and for care providers.(n6C)

OBJECTIVES TO ACHIEVE

- ☐ List the developmental tasks of the elderly.
- ☐ Describe communication techniques.
- ☐ Explain body language and active listening.
- ☐ Identify characteristics of stress in caregivers.
- ☐ Point out helpful resources for caregivers.

Up to this point the focus of services for the elderly has been on the needs of elderly persons and how caregivers can best serve those needs. Caring for the elderly can be a very rewarding as well as challenging experience that carries with it many unique responsibilities.

The diversity of tasks and the level of personal commitment required by caregivers in services for the elderly may become overwhelming at times. When the elderly person happens to be a family member of the caregiver, this can be especially true. Persons caring for elderly family members will naturally have a deeper sense of commitment and sensitivity toward for family members in their care. Persons caring for elderly family members are especially prone to overworking themselves and neglecting personal needs and those of other family members for the sake of attending to the well-being of the family member in need.

Caregivers will require a knowledge and understanding about main priorities of elderly persons during the later years of their life. This information, in combination with the physical and emotional limits of their own caregiving abilities can then be used as a reference tool in establishing specific personal boundaries in caregiving responsibilities.

DEVELOPMENTAL TASKS OF THE ELDERLY

People learn certain tasks best and most easily at particular points in their development. These tasks are called ***developmental tasks***. Successful achievement of developmental tasks fosters successful achievement of future tasks and leads toward lifetime happiness. Persons who do not complete developmental tasks satisfactorily may end up disillusioned and dissatisfied with life. They will also encounter difficulties accomplishing future developmental tasks.

Developmental tasks of adulthood are divided into three age groups: early (twenties and thirties), middle (forty-sixty), and late (sixty and over) adulthood. The following list consists of the main developmental tasks that occur in late adulthood. These are also known as developmental tasks of later maturity. (See figure 33.1.)

Most elderly persons are fearful of loosing their capacity for independence as natural age-related changes begin to occur. Maintaining good health is very important to the elderly and helps contribute to their feelings of fulfillment. Being financially independent and secure also contributes to overall life satisfaction for the

Developmental Tasks of Later Maturity

- maintaining good health
- having adequate income
- adapting to changes in job status
- keeping own home
- preserving social standing and reputation
- acquirning meaningful relationships
- discovering enriching and gratifying pastime activities
- settling into new roles
- accepting past and present life without regret

Figure 33.1

elderly. An elderly person who has successfully completed the developmental tasks of later maturity might be described as follows:

> Vernon is an elderly person in good health who resides in his own home and will most likely remain financially secure for the remainder of his life. He has found pleasurable and stimulating things to do with his free time since retirement and has been able to expand his social contacts and personal friendships. He is respected by peers and enjoys being a grandfather. When reflecting upon significant times in his life, Vernon recalls events that elicit good memories. He is satisfied with his present life situation and continues to look forward to the future.

As elderly persons like Vernon achieve each developmental task of later maturity they will move forward toward developing a real sense of life satisfaction. For each developmental task that is not met, satisfaction with life will most likely decrease. Being aware of these developmental tasks can help caregivers better understand the situations that contribute positively toward the overall happiness of the elderly persons in their care. Once caregivers are aware of the developmental tasks of this age group, they are better equipped to offer encouragement and support to help elderly persons achieve these tasks. This in turn will contribute to the overall well-being of the elderly. Improving the well-being of a care recipient can ultimately lead to a rewarding caregiving experience for the caregiver.

SANDWICH GENERATION

Sandwich generation is a term used to describe the growing generation of middle aged persons who while in the process of rearing their own children are also at the same time caring for the needs of elderly friends or family members. It is not uncommon for the elderly parent(s) to be living in the home of their own child and grandchildren while the middle generation cares for both parent(s) and children at the same time. As the children of sandwich generation persons become more independent with age, the elderly parent(s) may, as time goes on, require personal assistance or specialized care. It is a natural reaction based on love that motivates offspring to provide all that is possible for the elderly parent(s) in need.

There is a growing trend for couples to start having children later in life for such reasons as establishment of careers and attainment of financial security. By the time these couples do start rearing their families, they may also find themselves increasingly concerned with the care needs of their aging parents. Also, an increasing concern for aging parents may begin at the time of an unexpected injury or illness.

Persons in the sandwich generation may be called upon to provide care for elderly friends or relatives who are either living in the same household, living across town, or living miles away. The elderly person may be physically disabled, psychologically disabled, or both. Being the caregiver of an elderly family member or friend involves different degrees and variations of responsibilities such as the following:

- supervising the elderly person
- supervising other assigned caregivers
- monitoring medication
- helping with grooming and bathing needs
- grocery shopping
- shopping for clothing
- overseeing financial and legal matters
- providing opportunities for social growth
- providing emotional support
- caring for two separate homes
- arranging for health care
- providing transportation when needed

As caregivers of both their own children and their elderly parents, relatives, or friends, persons living in the sandwich generation have special needs of their own. These needs if neglected over prolonged periods of time can be unhealthy to caregivers and can eventually affect in a negative way those in their care. Sandwich generation caregivers must learn how to balance the demands on both their time and energy in order to avoid feeling overwhelmed. A person belonging to the sandwich generation might accurately be depicted in a business suit, pushing a stroller with one hand, and holding a walker in the other. Persons living in the sandwich generation are required to juggle a variety of services for a variety of age groups. Learning to adjust to expanding responsibilities and additional roles can be a complex task for caregivers; however, professional counseling, support groups, or individual psychotherapy are readily available sources of support accessible to caregivers.

Persons in the sandwich generation who are employed are further challenged by the responsibilities of their outside careers or occupations. As a greater awareness continues to grows concerning responsibilities of the sandwich generation, more corporations are working toward addressing the concerns of their employees who are faced with these sandwich generation responsibilities. Some corporations have already started up care projects for both dependent elderly and dependent children whose primary caregivers are employed with their corporations. From initiating to enhancing elder care centers to making intergenerational care available, corporations are taking the lead in developing solutions for the present and ever growing future needs of their sandwich generation employees. Businesses will eventually be expected to develop a sensitivity for the concerns exhibited by their sandwich generation employees.

While parents in the sandwich generation are responsible for helping their children with homework, organizing their daughter's class party, and cheering at their son's baseball game, they may also be responsible for interviewing persons to sit with and care for an elderly relative recuperating from surgery, transporting an elderly friend to the doctor's office, or making sure that the elderly person takes prescribed medications at proper times.

For additional information see Intergenerational Care in Chapter 2.

COMMUNICATION TECHNIQUES

Communication is the process by which ideas, feelings, and information are shared. The skills used to communicate with others are listening, speaking, and writing.

The ability for caregivers to communicate effectively with the elderly person in their care contributes to the well-being, security, and positive self-image of that elderly person. Elderly persons who suddenly must depend on others for one reason or another oftentimes feel as though they are being a burden to the caregiver. Feelings of inadequacy and lowered self-image may develop; therefore, it is important that caregivers communicate positive messages to those in their care. The care recipient should be assured of the type, amount, and dependability of care they will receive. It is also important that caregivers express their personal desire to provide that care. Communicating these matters to care recipients will help ease the negative guilt feelings that often grow during times when it is necessary to depend on someone else, even if that person is a dear friend or family member.

Effective listening skills on the part of the caregiver can work toward establishing a foundation of respect between the caregiver and the elderly person. Listening skills can be improved with practice. Some helpful suggestions to improve listening skills include the following:

- Concentrate on what is being said.
- Ignore distractions.
- Establish eye contact with the speaker.
- Do not interrupt the speaker.
- Ask the speaker for additional detail if needed.
- Listen to the entire message rather than selected parts.
- Keep an open mind to new ideas.

- Try to notice feelings that the speaker has while speaking such as happiness, sadness, or anger.

Effective verbal communication is necessary for caregivers to be clearly understood. Verbal communication skills include the following:

- using correct grammar, avoiding slang
- organizing information in proper sequence
- speaking to and looking at the listener
- speaking clearly, distinctly, and slowly
- speaking politely with a friendly voice
- avoiding monopolizing conversations

Elderly persons with hearing disabilities will most likely have difficulty understanding the caregiver who is speaking to them. Caregivers can help the hearing disabled by adhering to the following guidelines:

- Before speaking, get the person's attention.
- Allow face to be visible to the person.
- Position self at eye level to the person.
- Use facial expressions and natural gestures.
- Do not cover mouth or turn face.
- Speak clearly and in a normal tone.
- Speak at a moderate speed.
- Speak in short sentences.
- Rephrase sentences that are not understood.
- Write or spell key words.
- Do not talk around background noise.

Caregivers in services for the elderly are responsible for communicating a variety of important information to the elderly. Some of this information can affect the physical well-being of an elderly person such as instructions on how to protect a fractured hip from additional injury or how to get help when needed. Caregivers should be certain that the person fully understands what was communicated.

Ask questions of the listener to see if the listener understood what was said. Asking questions of the listener is one way of obtaining ***feedback***. Feedback is the response that a person gets to a message that was sent. Obtaining feedback from the listener enables the speaker to find out if the message was understood and gives the speaker an opportunity to clarify any misunderstood messages.

We all have different ways of responding to others at different times. ***Response styles*** identify the specific ways that people communicate with each other. The following are examples of different response styles:

- ignoring
- reflecting-clarifying
- threatening
- agreeing-supporting
- ridiculing
- sharing own experience
- giving advice
- disagreeing-denying
- giving information
- changing the topic
- questioning
- moralizing-lecturing
- labeling-stereotyping
- using I statement

A supportive response style is important for caregivers to communicate to the elderly in their care. Ridiculing, ignoring, labeling, moralizing, changing the topic, and threatening are inappropriate response styles and should be avoided by caregivers. Certain response styles are appropriate only under certain circumstances.

Body Language

Body language is the sending of both positive and negative messages by gestures, facial expressions, and posture. One example of body language is a hand wave. Without speaking, the message of friendly recognition is conveyed.

The distance that persons stand from each other can indicate whether their contact is of an intimate nature, personal nature, social nature, or public nature. Most caregivers have a personal relationship with those they are caring for. The following table 33.2 gives specifics concerning the four types of contact.

Four Types of Contact

Type of Contact	Voice Level	Physical Contact or Involvement	Usual Distance (feet)
Intimate	Whisper	Close Together	0 to 1.5
Personal	Low to Moderate	Touching or holding hands	1.5 to 4
Social	Conversational	Arms's Length	4 to 12
Public	Loud (often magnified)	None	Over 12

Table 33.2

A person's body language usually reveals the feelings behind words that are spoken. The scientific word for the study of body language is ***kinesics*** and the purpose of kinesics is to analyze the behavior of persons by observing their body motions. Many people are not aware of their own body language. The following are a few examples of body language:

- folded arms—defensive
- raised eyebrows—doubt
- slumped shoulders—fatigue
- eye-to-eye contact—desire to communicate
- facial expressions—disbelief, sadness, embarrassment, surprise

To communicate effectively, the body language of a person should agree with the words that a person is saying. When body language does not match what is being said, the speaker is sending a ***mixed message***. Elderly persons who sit slumped in chairs wearing sad expressions on their faces and saying that they are excited about going shopping are sending caregivers a mixed message. The caregiver who does not look the elderly person in the eye while expressing a desire to have a conversation will not be believed and is also sending a mixed message.

Active Listening

Active listening is trying to understand what the other person is saying and why. Active listening looks beyond what the person is saying and tries to identify the feelings that accompany the words that are being spoken. Caregivers should practice active listening in their everyday communications with elderly persons. Active listening involves the following:

- Accept what the person is saying or feeling.
- Try to identify feelings underneath the person's words.
- Restate or put into your own words what the person said to check if your point of view about the situation agrees with theirs.
- Ask the person to give you their own clarification of the situation.

Active listening can enrich the relationships between caregivers and elderly persons and thus reduce caregiver stress. Some benefits from active listening include the following:

- The elderly person feels cared for.
- Negative feelings of the elderly person can change to positive feelings while conversing with an active listener.
- Misunderstandings are clarified.
- Self-understanding is promoted.

Reminiscing. Elderly persons should be encouraged by caregivers to talk about remembered life experiences or events. Talking about the past is called ***reminiscing***. It was once thought unhealthy for elderly persons to spend time reminiscing; however, recently, reminiscing has gained recognition as an important part of the aging process.

Active listening by caregivers provides elderly persons the opportunity to reminisce. Helping elderly persons to reminisce can remind them of their personal resources for dealing with choices, problems, and losses. This in turn can bring on a renewed sense of confidence in themselves and their capabilities for handling present and future situations. If the elderly person happens to be a parent or relative of the caregiver, the knowledge that is extracted from the reminiscing session can prove to be of great value to the historical background of the family.

Encouraging groups to reminisce together can help elderly persons find out interesting things about each other, build self-esteem, fight isolation, and promote social interaction. Occasionally the caregiver might observe that reminiscing stimulates negative memories in certain persons. Caregivers should not encourage reminiscing for these individuals and should promptly report unhappy behaviors such as withdrawal or depressive reactions to the person in charge or an appropriate professional.

Triggers are specific items, words, smells, or sounds that serve to jog a person's memory. Triggers can be used by caregivers to help the elderly person reminisce. Below are examples of types of triggers:

- item trigger—photograph or an old book
- word trigger—the mention of a specific family holiday, historical event, or time that they have lived through
- smell trigger—new doll
- sound trigger—old song

Taking time to actively listen to the elderly will communicate the message that who they are and what they have accomplished is indeed important. Active listening is a skill that caregivers should develop in order to help those they are caring for to feel secure in the knowledge that they are truly valued, respected, and accepted.

CARING FOR THE CAREGIVER

Caregivers can be employees, spouses, sons, daughters, neighbors, volunteers, close friends, or distant relatives. Care can be provided in various facilities, a caregiver's home, an elderly person's home, or a variety of other environments. Depending on the caregiver's personality and the physical or emotional difficulties suffered by the elderly person being cared for, the caregiver will either find their duties and responsibilities rewarding, frustrating, or anything in between.

Many caregivers welcome sacrificing a good portion of their time and energy to assist the elderly person who shows appreciation, respect, and a positive attitude toward the caregiver and the care that is offered. Both the caregiver's and the care recipient's lives can be greatly enriched as a result of this type of relationship. On the other hand, many caregivers will easily become discouraged and frustrated in their caregiving efforts for the elderly person who is suffering from severe depression, anxiety, or a life-threatening illness. It can be emotionally wearing on the caregiver to watch someone they are caring for suffer through the various stages of a debilitating irreversible disease.

In order for caregivers to maintain the proper balance and perspective pertaining to their caregiving roles, they should be aware of and willing to utilize the following strategies:

- Express feelings.
- Understand emotions.
- Join a support group.
- Get regular physical examinations.
- Include good nutrition, rest, and exercise as part of the daily routine.
- Allow for free time by delegating responsibility to someone else.
- Include others in decision making.
- Seek professional guidance.
- Utilize community services.

Decisions that concern the care of an elderly person who is living in the caregiver's home should be made upon agreement and discussion with all family members in that household. This can encourage a sense of shared responsibility as well as prevent chaos, hurt feelings, or confusion when changes in priorities become necessary without warning. A family discussion concerning the need to adapt to and accommodate the additional member of the family will prove to be beneficial prior to a situation such as the following:

> The teenage son of a caregiving family needs a ride to his soccer practice in fifteen minutes, and his dad is still not back with the car from taking the grandfather to his appointment. The son might have to leave a note for his dad and ride his bike or call a friend to get to soccer practice. If the son had been included in prior discussions concerning the possibility that a situation similar to this could occur, he would have been better able to cope with the situation.

Caregivers need to remind themselves of the positive things they are doing in their responsibilities as caregivers. Frequently caregivers will focus on what they have failed to do, especially if the health of the elderly person is not improving or is in fact getting worse. Focusing on personal strengths, aspects of caregiving that are rewarding, and benefits received by the person cared for will help caregivers maintain healthy attitudes while in their roles as caregivers.

Reducing Stress / Avoiding Burnout

Caregivers can develop ***stress-related feelings*** resulting from the role of caregiver just as elderly persons can develop stress-related feelings resulting from the role of care recipient. These feelings such as anger, isolation, fear, resentment, and guilt may produce excess ***stress*** in that person's life.

There will be times when an elderly person will require more attention and care than a caregiver is capable of physically or emotionally providing. Caregivers in such situations will eventually experience stress. Stress is any emotional or physical strain, and if left unresolved over a period of time can produce the following behavior in caregivers:

- depression
- problems in relationships
- substance abuse
- emotional or physical depletion
- neglect or abuse of the person being cared for

Not all stress is bad; in fact, sometimes stress is the very thing that motivates and inspires people into action. However, once caregivers begin to exhibit the stress-related behaviors already mentioned, they are well on the road to or possibly even experiencing what is known as burnout. ***Burnout*** occurs as a result of excessive, prolonged stress or continual feelings of inadequacy pertaining to the completion of expected tasks.

Caregivers must be able to develop effective strategies to cope with their own individual, physical, and emotional limitations while caring for elderly persons. The five basic strategies that have been established by mental health professionals for dealing with the negative effects of stress include the following:

- Establish realistic expectations.
- Be aware of personal limits.
- Request and accept assistance.
- Attend to personal needs.
- Include professionals, community resources, and family members.

A ***stress-related crisis*** occurs when the pressure or stress is so great that the caregiver becomes essentially immobilized and develops patterns of insomnia, loss of appetite, and difficulties with daily personal care tasks. In order to prevent a stress-related crisis from occurring one of two things can be done: either decrease the caregiver's pressures (stress factors) or increase the caregiver's support system. Ways to decrease pressure include allowing time for fun and play, increasing physical activity, and taking time off. Ways to increase support include delegating responsibilities, making use of professional services, sharing concerns with friends, and seeking out assistance and direction from clergy or social services. Caregivers can also obtain needed support through family, specialists, and various community resources.

In summary, the development of a stress-related crisis situation for persons in caregiving roles will generally begin with feelings of stress, such as resentment, frustration, and anger. If these feelings are allowed to continue, the person will develop continual feelings of stress that will affect family life, quality of work, and personal life. The consequences of experiencing stress for extended periods of time without relief will cause burnout which eventually can bring about a crisis situation.

stress related feelings
↓
stress
↓
burnout
↓
crisis

Resources For Caregivers

Caring for the elderly takes not only time but also requires support from family members, clergy, professionals, community resources, and friends. Community resources can also be very helpful such as caregiver support groups and elder care programs. Caregivers should not wait for a crisis to occur before establishing a support system that can lighten the load of their caregiving responsibilities. Support systems that are established early on can help prevent stress-related feelings from arising in the first place.

Resources can be helpful to caregivers in many ways. Some services allow time away from caregiving responsibilities, others provide emotional support for caregivers, others provide information about caring for specific or special needs, and still others can assist with everyday caregiving responsibilities. The following are possible resources for caregivers:

General Information.

- Area Agency on Aging
- Department of Health and Human Services
- Community Information and Referral Service
- Library

Food Services.

- Congregate Dining Sites
- Meals on Wheels
- Grocery stores that deliver to homes

Transportation Services.

- Minibus Service
- Local transit's special services

Medical Services.

- American Red Cross
- American Heart Association
- National Association For Home Care
- Drugstores with special services
- Personal Emergency Response System

Household Services.

- Beauticians/Barbers
- Homemaker Service

- Errand Service

Support Services.

- Telephone Reassurance Program
- Respite Care
- Support Groups
- Church and Synagogue
- Companion Services
- Counseling Services

Recreation Services.

- YMCA/YWCA
- Community Recreation Center
- Senior Citizen Center

Points to Remember

- ☐ Successful achievement of developmental tasks fosters successful achievement of future tasks and leads toward lifetime happiness.
- ☐ Sandwich generation is a term used to describe the growing generation of middle aged persons who while in the process of rearing their own children are also at the same time caring for the needs of elderly friends or family members.
- ☐ Persons living in the sandwich generation are required to juggle a variety of services for a variety of age groups.
- ☐ The ability for caregivers to communicate effectively with the elderly person in their care contributes to the well-being, security, and positive self-image of that elderly person.
- ☐ Obtaining feedback from the listener enables the speaker to find out if the message was understood and gives the speaker an opportunity to clarify any misunderstood messages.
- ☐ The scientific word for the study of body language is kinesics and the purpose of kinesics is to analyze the behavior of persons by observing their body motions.
- ☐ Active listening looks beyond what the person is saying and tries to identify the feelings that accompany the words that are being spoken.
- ☐ Decisions that concern the care of an elderly person who is living in the caregiver's home should be made upon agreement and discussion with all family members in that household.
- ☐ Focusing on personal strengths, aspects of caregiving that are rewarding, and benefits received by the person cared for will help caregivers maintain healthy attitudes while in their roles as caregivers.
- ☐ Caregivers must be able to develop effective strategies to cope with their own individual physical and emotional limitations while caring for elderly persons.
- ☐ In order to prevent a stress-related crisis from occurring one of two things can be done: either decrease the caregiver's pressures or increase the caregiver's support system.
- ☐ Caregivers should not wait for a stress-related crisis to occur before establishing a support system that can lighten the load of their caregiving responsibilities.

Words to Know

- active listening
- body language
- burnout
- communication
- developmental tasks
- kinesics
- mixed message
- reminiscing
- response styles
- sandwich generation
- stress
- stress-related crisis
- stress-related feelings
- triggers

Review

1. List and explain each developmental task of the elderly.
2. How would an elderly person benefit by fulfilling the developmental tasks of later adulthood?
3. What special challenges does the sandwich generation face?
4. How can one tell if a response styles is supportive?
5. Under what circumstances would a normally inappropriate response style be acceptable?
6. What can caregivers do to help the hearing disabled and explain the importance of each.
7. What does kinesics have to do with sending mixed messages?
8. Describe and the list the positive aspects of active listening.
9. What triggers can caregivers use to encourage elders to reminisce and talk about a first day at school?
10. What situations can contribute to a caregiver's feelings of frustration about duties?
11. What situations can contribute to a caregiver's feelings of accomplishment about duties?

12. Which strategies should be employed in order to maintain a proper balance and perspective in caregiving roles?

13. Describe the steps leading up to a stress-related crisis situation.

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